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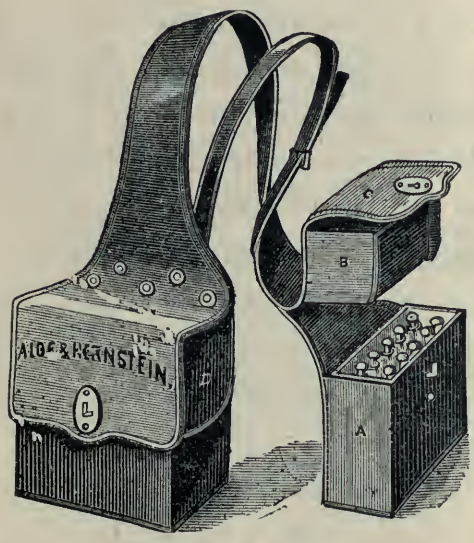

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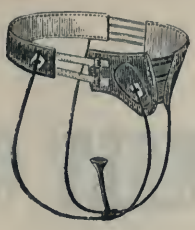

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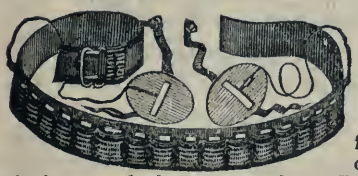

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The difficulties attending the manufacture of Extract of Malt in large quantities, can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is, or should be, produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

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It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR OR MALTINE, which, as is well known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery, sugar-house syrup, "strained honey," native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and cane sugar.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

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ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, JUNE, 1879. NO. 3.

Original Communications.

NOTE ON THE USE OF THE HOT VAGINAL DOUCHE.

BY A. REEVES JACKSON, A. M., M. D.
Formerly Surgeon-in-Chief of the Woman's Hospital of the State of Illinois, etc., etc.

In consequence, mainly, of the enthusiastic recommendation of Dr. Emmet, of New York, the use of vaginal injections of hot water has become very general in gynecological practice. In common with others I have employed this means frequently, and, in many cases, have felt satisfied with the result. When I have had occasion to examine the parts very soon after the douche had been used, I have found them in the condition I had been led to expect, namely: the vagina was contracted and its walls, together with the vaginal portion of the cervix uteri, blanched and shrunken. I have reason, therefore, to believe that these local effects may always be confidently looked for when water at a temperature ranging from 100° to 110° F.—some of my patients have assured me they had used it as high as 124° without discomfort—is thrown into the vagina for a sufficiently long time, say from fifteen to thirty minutes.

It has been supposed, and so taught and accepted, that the same means was potent in lessening vascular fulness in the parts beyond those with which the water came into immediate contact, and that its beneficial effects were to be accounted for on that theory.

Recently, I have begun to suspect that there may be some fallacy about this matter, and that possibly we have been accepting too much on trust.

I have ascertained by a number of observations, that the emptying of the superficial vessels is sometimes of very short duration, and I feel doubtful whether the astringent effect extends at all to the more deeply-seated pelvic organs. In one patient whom I examined one hour after an injection at 108° continued for twenty-five minutes, I found the parts relaxed and the mucous membrane of a bright red color.

It would seem that, of all the local conditions demanding the especial effects which are attributed to hot water injections, none would be more likely to be benefitted by them than vaginitis; yet, I have not only been disappointed in every case of this disease in which I have used them, but I am sure that in some their employment was injurious.

Whether the good effects of this remedy in the treatment of uterine disease have or have not been over-rated, it is quite certain that there are some drawbacks to its use. For example, several patients have informed me that the douche was followed by great prostration, lasting, in some instances, several hours. Others, again, have been obliged to abandon it entirely because of long-continued flushings of the face and throbbing headache resulting from its use.

The experience of others may not correspond with my own, and I feel some hesitation in placing myself in a position not in accord with the popular opinion concern-

ing this remedy, which, at present, is so much in fashion. Nevertheless, I am constrained to say that it has disappointed, in great degree, the expectations I had formed of its very great efficacy, and which were founded on the high encomiums lavished upon it in various quarters.

CHICAGO, 785 Michigan avenue.

ON THE RATIONAL TREATMENT OF GONORRHŒA.

BY LOUIS BAUER, M. D., M. R. C. S., ENG., ETC.

Since my first contribution to the CLINICAL RECORD on this subject,* I have met with some opportunities to pursue my observations and to put the emollient plan of treatment to further test. The results mentioned on that occasion, have been affirmed in almost every particular.

Aside from the antiphlogistic regimen and mild aperients, I have employed the emollient plan exclusively.

In seven cases of recent infection, relief was obtained within the average time of six days and nine hours, discharge and tenderness having ceased. Some of the patients were attacked for the first, others for the second, and one for the third time.

Thus far the emollient plan has given satisfactory results, but I am, as yet, unprepared to say whether *absolute non-interference* might not give even better, or at least as good ones. Experiments to this effect will be next in order.

So far as my clinical observation now extends, I have no hesitation in expressing preference for the emollient plan when compared with the treatment heretofore in vogue. One experiment and one incidental observation will serve as objects of comparison:

Mr. E. came under my charge on the third of April last. He is a strong young man, with good constitution and a fair weight; suffers from first attack of infectious gonorrhœa. Discharge as yet moderate, sero-purulent, of alkaline reaction, containing an abundance of epithelial cells partly converted into parental pus-cells. Moderate soreness at the navicular fossa, both subjective, and on pressure. The symptoms were of two days duration, coition having taken place five days before my seeing the patient. In order to be fully confirmed in my diagnosis as to the character, I took occasion to inspect the girl and found her suffering from a moderate erythematous vaginitis. Thus, cause and effect were clearly established.

Commenced treatment on same day according to the stated maxims.

April 4. Symptoms about the same. Had passed good night. Bowels moved twice.

April 5. Discharge diminishing but still alkaline.

April 6. Steadily improving.

April 7. Almost well.

April 9. There is no discharge or tenderness on pressure. Urination free and painless. Rest perfect.

With the full understanding and consent of the patient I was permitted to add sulphate of zinc to the injection thus far used. The mixture was then as follows:

℞ Infusi sem. lini (ex ʒii parati) f ℥iv;
Cui adde ext. opii. aqu. fl. gtt. xii;
Zinci sulphatis. - - - - gr. vi.
M. S.—To be injected every two hours.

I have reason to believe that the patient did not accurately comply with the directions, and that he did not inject as often. Notwithstanding, the urethra soon became irritable and sensitive, expelling the fluid. The tenderness extended rapidly towards the bulb; the discharge returned, and of a serous character, and again presented alkaline reaction. Ensuing night passed rather restlessly, disturbed by sensitive erections and more frequent micturitions; general discomfort.

April 10. The injections at longer intervals; four hours.

* January, 1879.

April 11. Injections suspended. Symptoms in every respect intensified; discharge rather copious, alkaline; urination frequent and decidedly painful. Directed warm alkaline bath, diluent beverages, chiefly milk. Seidlitz powder as aperient. Rest of body and mind.

April 12. Restless night; seminal emission; copious sero-purulent discharge; alkaline; frequent and uncomfortable urination. Returned to emollient treatment.

April 14. Slow improvement. Orifice of urethra œdematous and raw. The case is yet (this 10th day of May) under treatment and far from being well.*

The experiment was instituted for the sake of comparing the results of the emollient and the stimulating plan of treating infectious gonorrhœa. The difference in the results needs no commentary. I, for one, feel no inclination to repeat the like experiment even with the consent of the patient, still less on my own responsibility. When I changed from the emollient plan to the stimulating, the patient had virtually recovered. The epithelium had probably been already replaced, or was in the course of reconstruction. From the very moment the sulphate of zinc was superadded, the disease was not only rekindled, but exceeded in intensity the prior attack, not to speak of the delay thus engendered.

It might be said, that the action of so irritating a salt upon an almost healthy lining membrane would necessarily evoke just such a train of symptoms. Conceded. But how much more deleteriously must such a substance affect the mucous membrane when deprived of its epithelial protection, and when its nerve papillæ are exposed?

It should further be born in mind that the injection was below the average strength and besides in a mucilaginous vehicle.

On the other hand, it should be considered that the patient was young and vigorous and that the tone of the urethra had not been reduced by previous gonorrhœal attacks. But for these reasons he was all the more a fit subject for the experiment.

Isolated as this trial may appear to the reader, yet it would seem conclusive in proof that irritating injections into the urethra are not calculated to subdue a gonorrhœal inflammation; on the contrary, they will inevitably increase the active symptoms, and if persevered in, not only lead to delay, but even to serious consequences.

About the same time, a young man came under my charge who had been treated by another physician, both with internal remedies, presumably copaiba and cubebs, and injections. Within three weeks he had apparently been relieved from his gonorrhœal discharge. For a few days he felt well, when, suddenly, he was attacked by dysuria and the necessity of frequently micturating. The anterior part of the urethra was painless, almost dry, without a trace of discharge, yet of a deeper red color. Pressure upon the perineum, however, caused so painful a sensation, that the patient had to relinquish riding on horseback, which his business avocation otherwise rendered necessary. Introducing my finger into the rectum, I at once discovered induration, enlargement and great tenderness of the prostate. Passing my finger up to the trigonum of the bladder, and at the same time exercising some pressure from the front upon that viscus (bimanual), the patient almost fainted from the intensity of the pain thereby evoked.

Inasmuch as the urine was not changed in its normal appearance and composition, it is but fair to presume that the muscular coat, and, perhaps, the peritoneal covering of the bladder, were principally compromised.

I regret having omitted to ascertain the temperature of the parts at that time, for I am fully persuaded that it must have exceeded the normal standard by several degrees.

* Discharged May 27.

The case was consequently a serious one, requiring prompt and efficient measures to avert prostatic abscess and even more aggravated consequences. I ordered the patient to bed; had leeches applied in front of the anus; mercurial ointment with extract of belladonna rubbed into the perineum and on the inside of the thighs; a warm bath; restricted the diet to an antiphlogistic regimen, and prescribed an emulsion with nitrate of soda and anodynes, but no injection into the urethra.

In the first place, there was no occasion for any local action upon the canal, and next, I expected that the gonorrhœa would make its reappearance, which might then be ascribed to the injections. This treatment had the desired effect in reducing the prominent symptoms, and on the third day the urethral discharge set in and soon became as copious as it had been in the beginning, if not more so.

The case is still under observation, and is doing fairly, but the prostate gland still exhibits some remnants of its former pathological changes. To this state may be ascribed the repeated seminal emissions which have occurred during the last few nights, and which I am trying to combat by the continuation of antiphlogistic resolvents and ice suppositories into the anus.

Here we have a case in proof of the consequences of the customary treatment of gonorrhœa as inculcated and recommended by surgical writers and specialists. The physician in the case is a young and diligent practitioner, who has, perhaps, strictly followed the plan of treatment laid down in textbooks. He was certainly blameless when he acted under the directions of authority. I shall refer but to one, namely, the treatise of Prof. F. J. Bumstead, a book much favored by the American profession. On page 64, he still recommends the "abortive" and "substitutive," treatment against the *initial* symptoms of gonorrhœa *to create inflammation of the urethra by nitrate of silver* in weak and concentrated solutions. And in the acute stage he commences "at once with copaiba or cubebs," deferring, however, "the anti-blenorrhagics for a few days," if "the penis be still much swollen and the scalding on passing urine is severe."

The chief remedies adapted to "the third stage are injections, and copaiba and cubebs" (page 74). On page 77 he recommends the following formula:

℞ Zinc. acetatis, - - - gr. xii;
Aq. dest. - - - - - ℥iv.
M.

If this does not answer, he resorts "to a solution of nitrate of silver of from two to five grains to the ounce(!!) of water, while at the same time the patient is directed to continue his injections of sulphate of zinc." Dr. Bumstead, however, favors the acetate of zinc to such an extent, as to pronounce it "the one best adapted to the largest number of cases," adding, "many men about town carry in their pockets a prescription of this kind, generally with the addition of a little morphine or a few grains of powdered opium, with which they almost invariably succeed in arresting their frequent attacks of gonorrhœa without resorting to nauseous antiblenorrhagics or finding it necessary to consult a surgeon" (page 77).

He emphatically endorses the abortive treatment as "deserving confidence and praise when the gonorrhœa has just started." Of course, if the patient had not that disease, then his physician would surely produce it for him. In the inflammatory stage he uses "copaiba or cubebs," two exciting and stimulating drugs, not calculated to allay the existing inflammation, but rather augmenting and spreading it. Then, in the following stage he again returns to nitrate of silver, from two to five grains, as an injection, besides a solution of sulphate of zinc, and at last he candidly informs his readers, that a weak injection of acetate of zinc relieves "the men about town" without the further assistance of a surgeon.

Indeed, if the previous physician of my case has treated the patient according to the directions of Prof. Bumstead, nobody should wonder at the result, for they are a complete cauldron of incongruities and sublime empiricism.

In summing up the deliberate counsel of the renowned professor of syphilology, it amounts to this:

1. Gonorrhœa is a strictly local inflammatory disease.

2. A rapid cure is effected by establishing a still more intense inflammation with caustic injections.

3. If these do not succeed, prescribe acetate of zinc, and when that fails, return to the nitrate of silver.

4. Direct, at the same time, copaiba or cubebs internally, notwithstanding the disease is local;

5. And, by implication, get a copy of a prescription from the "men about town," and you may get rid of your trouble without these means, and the surgeon into the bargain.

It is really astonishing what an amount of bosh may be met with in authoritative works, when somewhat carefully analyzed. Sheer empiricism is often set forth as profoundest wisdom, misleading those who implicitly rely on authority, instead of using their own judgment in accordance with surgical principles. Now, if gonorrhœa is a local disease of limited extent, then there is no sense in using internal treatment. If it is an inflammatory lesion, it ought to be treated antiphlogistically for its suppression. This is the plain logic in the premises. In Dr. Bumstead's procedure we can recognize no guiding principle. Nay, more, he seems to be unable to learn even from "the men about town."

Again, that author is aware that prostatitis, orchitis and the like concomitants may grow out of gonorrhœa when highly "irritant injections" are used, but he does not think that such complication can be "occasioned by the use of copaiba and cubebs, unless in very immoderate doses." To my thinking the use of nitrate of silver in doses advised by the Doctor are exactly "highly irritant" injections, and moreover, I have seen prostatitis, orchitis, etc., engendered by smaller doses of copaiba and cubebs than those which that gentleman considers appropriate.

I feel fully persuaded that strictures, gleet, prostatitis, orchitis, inguinal adenitis, etc., may be, and should be averted as the outcroppings of gonorrhœa, and if they do happen, that they are, in nine out of ten cases, the fault of surgical management, the result of abuse of "highly irritating injections" and of "antiblenorrhagics."

Just now I have a patient under my charge who is, to all intents and purposes, the victim of misapplied surgical art. But four years ago he was a sound man, capable of fulfilling the duties of an engineer; to-day, although but fifty years of age, he is a complete wreck. After a four years' treatment (with but short interruptions) for gonorrhœa and its sequelæ, he has been dropped by his "faithful physician," once the resident physician of a great Western hospital, with two urinary fistulæ, an impassable stricture and a complete adhesion between the prepuce and the glans penis. These ravages are now attributed to some irregularities in the life of the unfortunate man, particularly to some intemperance. I am aware that perforating ulcers of the stomach and strictures of the œsophagus may be thus engendered, but that such habits should produce similar effects in the urethra is a novel etiological theory, which I hesitate accepting. It is, moreover, entirely out of the range of my understanding to connect intemperance with agglutination of the prepuce with the glans penis.

In perusing the "practical treatise" of Van Buren and Keyes (D. Appleton & Co., New York, 1876), I have come across some deliberate statements which cannot fail to puzzle the reader.

Thus, for instance, on page 58, the

authors say: "A well-managed case of gonorrhœa lasts from three to six weeks, but the discharge may last for months and years." Nor do I wonder that their cases "last" that long, when one considers the numerous and diversified drugs which they put successively in requisition, although in milder doses than Dr. Bumstead.

Undoubtedly the authors have more carefully considered their subject than the latter and have therefore taken firm ground against all and every attempt at the "abortive" and "substitutive" treatment.

They say, on page 61: "It is unnecessary, in this day of surgical enlightenment, to condemn such a practice," which (page 62) "when it does not cure it invariably does harm." And again: "Should the treatment fail, the subsequent course of the disease is pretty sure to be more violent than it would otherwise have been."

"Strong injections, especially if thrown deeply into the canal, produce most serious complications."

And in fine, on page 62: "One consequence of strong injections of nitrate of silver is undoubted, namely, organic stricture." Thus the authors are booked against the abortive treatment still upheld and commended by other writers and Bumstead among them.

Before leaving this subject I beg to present a few aphorisms to the readers as fit points for thought and reflection:

1. Gonorrhœa is indisputably a local disease.

2. The cause of gonorrhœa is local also, and of ephemeral duration.

3. Gonorrhœa is inflammatory in character, and if not disturbed by stimulating treatment, limited to the anterior portion of the urethra.

4. Primarily gonorrhœa affects the mucous membrane only.

5. Whatever may be the primary disintegration of the urethral lining by gonorrhœa, the structures involved are endowed with the power of spontaneous repair, that is to say, the reproduction of epithelium.

6. The reason why the erythematous inflammation of the urethral canal deserves special consideration and treatment is its special function to serve as an aqueduct for a saline fluid (urine).

7. The only rational indications for the treatment of gonorrhœa, are:

a. To protect the raw surface of the mucous membrane against contact with urine.

b. To dilute the urine by frequent bland beverages, warm (alkaline) baths, and the like.

c. To reduce the inflammation and the hyperæsthesia of the nerve papillæ.

By what means these indications are realized is a matter of no consideration, so long as they truly fulfill their respective objects.

ST. LOUIS, 519 Pine street.

A REPORT ON PREVAILING DISEASES OF TARRANT COUNTY, TEXAS, FOR THE MONTH OF APRIL, 1879.*

COLLATED BY JAMES P. BOOTH, M. D.

Gentlemen:

In accordance with the recently incorporated portion of our by-laws, unanimously accepted by your honorable body at our last meeting, your reporter respectfully begs leave to submit the following report:

1. In reply to the query, "What diseases have prevailed in your locality during the past month?" I find that there have prevailed, throughout the entire county, so far as heard from, the following diseases, viz: Intermittent, remittent and catarrhal fevers, dysentery, diarrhœa, tonsilitis, pneumonitis and bronchitis, occurring in about the order above mentioned, so far as I can learn from the varying reports sent me. Intermittent

*Read before the Tarrant County Medical Association.

fever stands preëminently at the head of the list as really *the* prevailing disease.

2. "Has there been any epidemic?" In answer to this, all agree in the non-prevalence of an epidemic in any portion of the county, save in the city of Fort Worth, where dysentery has prevailed to a considerable extent for the past month. Our honorable president, Dr. E. J. Beall, kindly forwarded me a full history of the disease, as it has prevailed in the city, from its commencement to the 29th ultimo, and while I fain would offer the society the entire rich professional treat tendered them by that worthy gentleman in his able delineation of the disease, I fear I might perhaps go beyond my province, and will, therefore, only offer a few excerpts from Dr. B.'s valuable letter. After noting its advent, in a "sporadic form," in the earlier weeks of the month, he says: "To-night, the 29th, the cases have become so numerous, that I may safely say that the disease is prevailing as an epidemic." "There are no special features," he continues, "to note in relation to the disease, different from our usual visitations; as it is familiar to us in this latitude at this season. The infant, the child and the adult, are alike subjects of this disease. I believe that I have noted vomiting and nausea as being a more common accompaniment, in ratio of cases, than memory now attaches to past observations of the disease." As to treatment, he finds that, with few exceptions, "phosphate of soda, tincture of gelsemium or belladonna and camphor water in aperient portions, followed by Dover's powder and quinine, have terminated the cases in adults." While mentioning the varieties of treatment, Dr. Beall speaks of coto, and although he has evidently not tried the remedy to his entire satisfaction, he says: "At a future time, our people being further sufferers from the disease, I may communicate through our reporter, some observations of the disease, as regards treatment with cotin and paracotin. The reports from foreign sources being so encouraging with these alkaloids, I shall feel, with further opportunities, as having acted amiss, should I disregard these remedies in this class of bowel affections." He further writes, "the disease is of malarial origin and, I believe, enters the organism through the medium of the lungs, in most instances."

Your reporter has, unfortunately, received no other information on this important subject, except that given him by Dr. Ansell, in a recent conversation. Dr. Ansell has observed the disease closely since its advent, and certainly pronounces it epidemic. His treatment, he tells me, has been saline cathartics in the beginning, followed by the vegetable astringents, kino and catechu, and a combination of tannate of bismuth with Dover's powder. In his trials of the fluid extract of coto, the Doctor thinks he recognizes a valuable agent in the treatment of bowel affections. Your reporter regrets that Dr. Ansell's letter came too late for him to utilize it in this report, as the Society is certainly the loser thereby, but he hopes to make amends by presenting some extracts therefrom at our next meeting.

3. "To what extent has typhoid fever prevailed?" This disease has prevailed to a very limited extent, there being but two cases reported as having occurred in the county, and these were in Fort Worth. Dr. T. A. Cravens, of Arlington, writes that he has treated about five cases, "so-called," but from the tenor of his communication, I think he would class his cases as typho-malarial.

4. "Have you observed any change in the type of typhoid fever during the past five years? Is the disease as frequent, severe or fatal as formerly?" The replies to these questions are somewhat conflicting; all agreeing, in the main, however, that the disease is more frequent, but less severe and fatal than formerly. Dr. D. M. Lipscomb, of Grapevine, evidently an old practitioner of medicine, and a close observer,

says that typhoid fever has been rather prevalent in his locality "occasionally for near twenty years, and has always been of a rather mild type." He says: "It is still mild." Dr. I. Z. Van Zandt, of Dido, thinks the disease more frequent, but affirms it to be decidedly more severe than it was five years ago. On the other hand, our worthy President, Dr. Beall, thinks the disease is steadily subsiding, and agrees with Dr. Will B. Davis of Grapevine, that the decrease in mortality is "due to the better understanding of its pathology, etiology, clinical history, and, more particularly, to the more highly enlightened therapy bearing upon the disease now than formerly.

5. "In what percentage of cases of zymotic diseases have you been able to trace the exciting cause to bad sewage, drainage, etc.?" This question bears so directly upon Fort Worth, that I shall give the answer of Dr. Van Zandt in full. He says: "Am not sure, but have been disposed to attribute the large amount of typhoid fever in Fort Worth to the sipe wells, collecting the filth drained from the surface; hence shall look for a material decline in this disease, as the use of artesian well water becomes generalized." It might be well to state, for the information of members recently arrived in Fort Worth, that Dr. Van Zandt formerly lived and practiced in Fort Worth, being an associate of Dr. Beall.

6. "Have you ever known a case of typhoid fever or diphtheria to arise spontaneously, every possible source of transmission from some previous case having been eliminated?" While Dr. Beall thinks himself "not justified in overthrowing" his "received opinions in etiology by receiving the report of the minority" in general, your reporter, if at all democratic in his principles, must assuredly answer the query in the affirmative, for in this particular instance the "report of the minority" becomes the report of the majority. But while all agree that the diseases may and do sometimes arise spontaneously, none offer sufficient proof to controvert Dr. Beall in what your reporter deems one of his strong points. Dr. Van Zandt says: "One case of typhoid fever I call to mind, of a child, within a mile of where I write, who had not been away from home for months, nor had there been a case for miles around, so far as I can learn. This case was followed by two others in the same family."

7. "To what extent have diseases of malarial origin increased in the past month in your locality?" All acknowledge an increase, save, perhaps, the reports from Grapevine, which are emphatic in their denials. On the streams throughout the county there has been an increase of perhaps fifty per cent., while in other localities the increase in malarial diseases has been but slight.

8. "What has been the nature, extent of prevalence, etc., of other diseases, not specified in previous questions, occurring in your locality?" The answers to this question, show the diseases to have been as varied as they well could have been. Dr. Van Zandt mentions two cases of purpura, occurring in his locality, "both in women past middle life, and both of whom have been almost entirely without vegetables during the winter, having been previously accustomed to an abundance." Dr. Broils notes the occurrence of "some few cases of *varicella*," in his neighborhood, not mentioned by any other gentleman. Dr. Cravens calls attention to "quite a large number of cases of tonsilitis, which," he says, "I am at a loss to know how to account for." In connection with this matter, your reporter has noticed a remarkable prevalence of the affection in his neighborhood, usually accompanied with an ulcerative stomatitis. Indeed the latter has prevailed to such an extent as to attract the attention of the laity, and I am frequently asked the cause of so much sore mouth this year. Dr. Beall thinks the month of April, in Fort Worth, will be classed among the healthiest enjoyed by our population for half a decade.

Bowel diseases, except dysentery, have not been numerous, with nothing obtaining unusual or special in nature. "We have had," says he, "several unexpected deaths from apoplexy, one or more probably embolic in origin; and, again, a case originating, likely, from specific constitutional disease."

In conclusion, gentlemen, I am constrained to call your attention to the fact, that very few members of our Association have responded to your interrogatories as we would naturally wish them to have done; but while your reporter lays this complaint before you, he feels highly gratified with the promptness and interest shown by gentlemen of the profession not members of the Society, to all of whom our thanks are certainly due. Urging the members to a more general compliance with our new by-laws in this particular, that the object of the originator may be attained, this imperfect report is respectfully submitted.

Fort Worth, Texas.

Translations.

(Translated for the Clinical Record.)

Laryngeal Vertigo.—(Charcot's clinic at the Salpêtrière Hospital, *Le Progrès Médical*, April 26, 1879) Dr. J. R. Gasquet published in *The Practitioner* for August, 1878, a case of what he termed laryngeal vertigo. The patient was an admiral on half pay, always had good health until three years ago, when he had a severe attack of bronchitis accompanied by a spasmodic cough with dyspnœa coming on several times a day. Since then he has been subject to attacks of the following description: He suddenly loses consciousness and falls, has no convulsions. In a few minutes—two or three—he recovers, but remains giddy for a short time. He was treated for some obscure brain trouble, for epilepsy, for stomachic vertigo, etc., but without success. He finally noticed that these attacks, which came on at irregular intervals, *were always preceded by laryngeal irritation*, and *spasmodic cough*. This was generally, not always, however, followed by an attack. He then concluded to carefully attend to his larynx(?), which is now well, and the attacks have not returned for nine months.

As pointed out by Dr. G. Decaisne (*Revue des sciences médicales*, April 15, 1879), Prof. Charcot had already reported a similar case, under the same name, to the Society of Biology, as long ago as Nov. 19, 1876, which was printed in the proceedings of that body in the *Gazette méd. de Paris*, No. 43, 1876, with his remarks:

Fifteen years ago Professor Charcot was called to see a gouty patient who occasionally suffered from a spasmodic cough. He was fifty-five years of age, and had never had epilepsy. Since the beginning of his spasmodic cough, he occasionally falls, but is certain that he does not lose his consciousness entirely. These attacks always occur during a coughing spell. He never has any convulsions in these attacks.

In August, 1876, Prof. Charcot saw a case with Dr. Caresme, now to be described: Mr. H., aged fifty-five years, not epileptic, complained of having suffered for the past year from what he calls "attacks." They are announced by a tickling at a point a little below the larynx, with a slight, dry cough; all at once he loses consciousness and falls. Those who have observed him say that in the attack his face becomes cyanosed and turgid, and that occasionally there are convulsive movements of the muscles of the face and of one arm. He never bites his tongue nor passes his urine in this condition. The attack is of very short duration and is scarcely over when he rises, without stupor, and is able to continue the conversation that may have been interrupted for a moment. The attacks have lately become very frequent—as many as fifteen having occurred in a single day—and he has even fallen in the street. They

are always preceded by the laryngeal tickling and slight cough, but these are not always followed by a severe attack—he sometimes experiences only an indescribable feeling of giddiness which is not followed by a fall. For a long time he has had chronic bronchitis with emphysema, but only for a year have the laryngeal symptoms and "attacks" declared themselves.

In this class of cases, Professor Charcot thinks that the symptoms have their origin, perhaps, in a peculiar irritation of the centripetal laryngeal nerves. Thus we have to deal with a sort of *laryngeal vertigo*, analogous, in some respects, with *Ménière's vertigo* which appears to be connected with an affection of the labyrinth. With this idea he prescribed cauterization of the pharynx with silver nitrate, and large doses of the bromide of potassium internally. After some weeks of treatment the patient was cured.

In seeking for published cases connected with the same clinical type, Prof. Charcot found in the Berlin *Klin. Wochenschrift*, 25 Sept., 1876, one reported by Dr. Sommerbrodt: This was a man aged fifty-four years, who for a year had suffered from epileptiform attacks with laryngeal symptoms. A polypus of the larynx was discovered and removed by operation, and the epileptiform attacks have not since returned.

In his last clinical conferences at the Salpêtrière (Dec. 1878), Prof. Charcot again took up the subject of the complex of symptoms, the principal features of which may be seen in the preceding cases, and for which he proposes the name of *laryngeal vertigo*. In the two following cases it will be seen that the fundamental characters of this clinical type are faithfully reproduced:

Dr. W., born in Russia, aged about forty years, twelve years ago, in winter, remained for an hour in water up to his middle. This was followed by an attack of general articular rheumatism that kept him in bed for nearly three months. Soon a bronchial affection was developed—first acute, then almost permanent. There was constant oppression of breathing, sibilant râles to be heard at a distance, and difficult expectoration. Violent attacks of asthma frequently occurred, followed by the characteristic expectoration.

In the course of the year 1877, the following phenomena recurred a half score of times: Apart from an attack of asthma and without assignable cause, the patient feels suddenly a peculiar and very painful sensation of burning and tickling just below the larynx in the course of the trachea, followed shortly by a coughing-spell Then, suddenly, vertigo appears, and, almost at once, he feels the fingers of the left hand involuntarily flexed, the same extremity becomes rigidly extended and raised as one piece to the height of the head, at the same time the entire member is shaken by three or four clonic movements. He then loses consciousness, and awakes some seconds later, when he finds himself always lying on the ground upon his left side. There are no peculiarities as regards motion or sensation in the left extremities during the intervals between the attacks. Sometimes the peculiar sensations described are followed only by a few whistling inspirations and a threatening of suffocation, otherwise the attack remains incomplete. Laryngoscopical examination, made by M. Fauvel, discloses merely a little abnormal redness of the mucous membrane. Dr. W. died suddenly, while fully conscious, without having had convulsions, in the course of an asthmatic attack, in January, 1878.

Mr. G., aged forty-five years, in July, 1878, had an ordinary bronchitis that was cured in a short time, but left after it an almost constant sensation of burning and tickling in the laryngeal region. These sensations were suddenly aggravated and were followed instantly by very painful coughing-spells. In the course of the month of August, as he was in bed, he was

abruptly awakened by one of these fits of coughing; he arose, lost consciousness almost immediately, and came to himself some moments later and found that he had slipped to the floor. Since then these attacks have been very frequently repeated, sometimes as often as three or four times in one day. He always loses consciousness and falls; several times he has fallen in the street. He rises almost immediately, without any confusion of mind, but remembers nothing of what happens during his fall, recollects only the laryngeal tickling, the cough and the sensation that precedes it. Spectators say that sometimes, at the time of falling, his face becomes cyanosed and swollen, occasionally there are some convulsive movements in the face and limbs, but that there is no initial cry and no emission of urine. He has never bitten his tongue, and never has nausea or vomiting when he awakes. Laryngoscopic examination, made by Dr. Krishaber, gives only negative results. This was the condition of affairs when he was first seen by Prof. Charcot, in December, 1878. The latter prescribed large doses of bromide of potassium and flying blisters over the region of the larynx; after three weeks of treatment all the morbid phenomena disappeared.

Prof. Charcot thinks that the complex of symptoms described in these cases permits us to group them together into a distinct class easy of recognition in practice. All these symptoms, however, are sometimes presented by patients with locomotor ataxy, in whom they form one of the varieties of *tabetic laryngeal crises*, first described by Dr. Féréol. The points of difference will be presented in a future paper. As to treatment, revulsives to the laryngeal region, cauterizing the pharynx, and the administration of the bromides in large doses appear to have been crowned with success—always excepting ataxic cases, and those where a laryngeal polypus was the cause—in all cases in which these means have been employed.

Proceedings of Societies.

THE AMERICAN MEDICAL ASSOCIATION.

GENERAL SESSIONS.

The thirtieth annual meeting of the American Medical Association was held in Atlanta, Ga., on May 6th, 7th, 8th and 9th, 1879.

The meeting was called to order at 11 o'clock, A. M., May 6, by the President, Dr. Theophilus Parvin, of Indiana. Prayer was offered by Rev. Dr. Gwinn, of Atlanta, after which an eloquent address of welcome was delivered by Dr. J. P. Logan, on behalf of the local committee of arrangements. The list of members registered was then read, followed by protests against the registration of certain delegates from Arkansas, Indiana and West Virginia. Dr. Logan read the programme of entertainments offered by the profession and citizens of Atlanta, and an invitation from the people of Augusta to participate in an excursion to that city. Dr. Campbell, of Augusta, reinforced this invitation by promising the visitors "a real old Georgia barbacue." This was received with applause, and, of course, accepted.

Communications from absent members were then read, after which President Parvin read the annual address. This was anti-materialistic in tone and was received with great applause. Five thousand copies were subsequently ordered to be printed for general distribution. Several papers were offered and referred to the appropriate sections.

Dr. E. Seguin, of New York, presented the report of the committee on the metric system, of which he is the untiring advocate. The consideration of the report was postponed.

The amendment to the plan of organization providing for the consolidation of the section on medical jurisprudence, chemistry

and physiology with that on state medicine and public hygiene, to be known as Section IV, was adopted. Several questions as to eligibility of members present to seats in the Association were referred to the Judicial Council. After some unimportant business, the convention adjourned to next morning.

Second Day, May 7.—Vice-President Murphy presiding. The Association again expressed itself strongly in favor of the abolition of all duties on quinine. Dr. Thos. F. Rochester, of Buffalo, New York, read the annual address as chairman of the section on Prrctical Medicine. Referred to the section. He made especial reference to yellow fever and typhoid fever, strongly recommending quarantine against the former. The address of Dr. J. S. Billings, U. S. Army, chairman of the section on State Medicine and Public Hygiene, was then read by Surgeon J. J. Woodward. One of the most important suggestions it contained was with reference to the imperfection of our present methods of obtaining vital statistics. The mortality records were declared to be inadequate to the occasion, as they give no information regarding the number of *cases* of disease occurring in any given locality and under different circumstances. He strongly recommended that the opportunity offered by the taking of the next census be utilized. The total number of cases of disease occurring in the nation during the year preceding the census might be obtained and recorded. The address was referred to the section for further consideration.

The special committee appointed to report on the recommendations of President Richardson, at the last meeting, reported in favor of making alterations in the by-laws providing for four annual prizes of $250 00 each, for the best *original* contributions, and that the chairmen of sections be a committee to take charge of the papers and arrange the details of competition. Laid over for one year, under the rules.

Dr. J. M. Keller's amendment requiring the Committee on Nominations to make their selections of nominees from those members only who were present at the meeting, except those on the committees on Necrology and Climatology, was lost.

An amendment offered by Dr. T. Clay Maddox, of Maryland, to establish a new section on diseases of the genito-urinary organs, including dermatology and syphilis, was referred to the Surgical section. This was subsequently withdrawn.

The amendment offered last year to declare it an infraction of the Code of Ethics for any member of the Association to engage in the instruction of any student of an irregular or exclusive system of medicine, was laid on the table for one year after a masterly argument by Dr. E. S. Dunster, of Ann Arbor. The American profession has thus been saved for the time from a most stupid blunder.

Dr. H. O. Hitchcock's amendment changing the method of nominating officers was lost. The ancient "ring system" is, consequently, to be perpetuated.

Dr. Caldwell's amendment creating a section on neurology and electrology was also lost.

The delegations from the different states then chose each their members of the nominating committee, Dr. A. B. Sloan being the member for Missouri, after which the meeting adjourned to next morning.

Third Day, May 8.—President Parvin in the chair. Several gentlemen were elected permanent members and members by invitation. A protest against abolishing the duty on quinine, from Messrs. Powers & Weightman, of Philadelphia, and C. T. White, of New York, was read and tabled. Resolutions of respect relative to the late Dr. Wm. M. Compton, of Miss., were adopted. Dr. N. S. Davis presented a short report on ozone. Dr. J. M. Toner, chairman of the Committee on Necrology, presented a report which included the names of one hundred and fifty physicians who

perished in the late yellow fever epidemic, with the place and date of death. These were not all members of the Association, but the chairman considered it a duty as well as a privilege to place on record the names of these martyrs in the cause of humanity. Referred to the Committee on Publication.

Dr. S. E. Chaillé, of Louisiana, read a paper on State Medical Societies and State Medicine, before the section on State Medicine and Public Hygiene, by which it was referred to and read before the general session. He proposed a *standing committee* upon the more efficient organization of the Association and *all* its branches. He stated that as at present constituted, the American Medical Association had little or no knowledge of its component parts; and a *head* which had no knowledge of its parts should be gotten rid of. It was recommended that the Transactions be published in monthly parts, in journal form. Several other propositions affecting the reorganization of all county and State medical societies were submitted, after which the paper was referred back to the section for further consideration.

Dr. Moses Gunn, of Chicago, chairman of the Section on Surgery, then read his address. This was upon the Pathology of Suppuration. Referred to the Section on Surgery and Anatomy.

Dr. Eugene Grissom, of North Carolina, secretary of the Committee on Nominations, read the report of the committee as follows, which was accepted unanimously:

For President:—Dr. Lewis A. Sayre, of New York.

For Vice-Presidents:—*First*, Dr. R. Beverly Cole, of California; *Second*, Dr. E. M. Hunt, of New Jersey; *Third*, Dr. H. O. Marcy, of Massachusetts; *Fourth*, Dr. F. Peyre Porcher, of South Carolina.

For Treasurer:—Dr. Richard J. Dunglison, of Pennsylvania.

For Librarian:—Dr. Wm. Lee, of District of Columbia.

For Committee on Library:—Dr. Johnson Eliot, of District of Columbia.

Next Place of Meeting:—New York City.

Time of Meeting:—First Tuesday in June, 1880.

For Assistant Secretary:—Dr. Walter R. Gillette, of New York.

For Committee of Arrangements:—Dr. S. O. Vander Poel, of New York, chairman, Drs. Stephen Smith, William M. Polk, Robert F. Weir, Charles I. Pardee, A. A. Smith and T. T. Sabine, of New York City; Dr. Joseph C. Hutchison, of Brooklyn; Dr. M. H. Burton, of Troy, and Dr. E. H. Parker, of Poughkeepsie.

For Committee on Prize Essays:—Drs. Austin Flint, Sr., A. C. Post, J. W. S. Gouley, and M. A. Pallen, of New York City; J. C. Hutchison, of Brooklyn.

For Committee on Publication:—Drs. W. B. Atkinson, T. M. Drysdale, A. Fricke, S. D. Gross, Casper Wistar, R. J. Dunglison, of Philadelphia, and Dr. William Lee, of District of Columbia.

Chairmen and Secretaries of Sections for 1880:

I. Practice of Medicine, Materia Medica and Physiology:—Dr. J. S. Lynch of Maryland, chairman, Dr. W. C. Glasgow, of Missouri, secretary.

II. Obstetrics and Diseases of Women and Children:—Dr. Albert H. Smith, of Philadelphia, chairman, Dr. Robert Battey, of Georgia, secretary.

III. Surgery and Anatomy:—Dr. W. T. Briggs, of Tennessee, chairman; Dr. J. P. Adams, of Minnesota, secretary.

IV. Medical Jurisprudence, Chemistry and Psychology:—Dr. James F. Hibbard, of Indiana, chairman; Dr. Thomas F. Wood, of North Carolina, Secretary.

V. State Medicine and Public Hygiene:—A member from each State, from which we select: Drs. H. H. Mudd, Missouri; D. W. Stormont, Kansas; W. H. Hawkins, Arkansas; C. Denison, Colorado; H. A. Johnson, Illinois; J. F. Hibbard, Indiana; J. A. Blanchard, Iowa; S. Brandeis, Kentucky; H. B. Baker, Michigan; C. N. Hewitt, Minnesota; J. C. Reeve,

Ohio; H. W. Brown, Texas; J. T. Reeve, Wisconsin.

VI. Ophthalmology, Otology and Laryngology:—Dr. Bolling A. Pope, of Louisiana, chairman; Dr. Eugene Smith, of Michigan, Secretary.

For Judicial Council:—Drs. W. O. Baldwin, of Alabama; N. S. Davis, of Illinois, J. P. Gray, of New York; E. L. Howard, of Maryland; A. N. Talley, of South Carolina; D. W. Stormont, of Kansas, and J. P. Logan, of Georgia.

For Committee on Necrology:—A member from each State, Dr. J. M. Richmond being the Missouri member.

The address of Dr. E. S. Lewis, of New Orleans, La., chairman of the Section on Obstetrics and Diseases of Women and Children, was then read. This consisted of a digest of recent obstetrical and gynecological literature. Referred to the section.

Dr. E. Seguin's report on the metric system was then taken up and resolution were passed adopting the system by the Association and directing its use in the Transactions, requesting those presenting papers to that body in future to make use of this system; requesting medical boards of hospitals and dispensaries to adopt it in prescribing for and recording cases; and the faculties of medical and pharmaceutical schools to adopt it in their didactic, clinical and dispensing departments; requesting physicians familiar with it to help in its diffusion; and asking the President of the Association to name a metric executive committee, of which he should be chairman *ex-officio*, whose task it will be to give unity and rapidity to the metric movement.

A resolution was offered by Dr. S. E. Chaillé, petitioning Congress to remove the duty from any one book or instrument which should be imported to assist in the personal persuit of scientific study. Adopted.

Dr. Brodie, of Detroit, offered a resolution to the effect that the use of articles protected by copyright is a distinct violation of the Code of Ethics. Referred to the Judicial Council.

Dr. Turnipseed, of South Carolina, offered an amendment providing for the formation of a section to examine and report on the merits and demerits of surgical and gynecological instruments presented at meetings of the Association. Laid over one year under the rules.

Adjourned to next morning.

Fourth Day, May 9.—President in the chair. Drs. J. J. Jones, R. N. Ross and E. Cross, of Arkansas, were elected members by invitation.

It was reported from the Surgical section that the proposition to create a section on genito-urinary diseases had been withdrawn.

A series of resolutions based on Dr. Chaillé's paper was offered and a committee was appointed to report upon them consisting of the following named gentlemen: Drs. Foster Pratt, S. D. Gross, N. S. Davis, A. N. Bell and A. Garcelon.

It was asked that the committee on the Intervention of Physicians in Education be continued to next year. Granted.

Dr. E. Seguin, of New York; Dr. L. P. Yandell, of Kentucky; Dr. J. M. DaCosta, of Pennsylvania; Dr. Moses Gunn, of Illinois; Drs. L. Turnbull and E. Warren (Bey) of Paris; were elected delegates to represent the Association in European medical societies. Drs. J. C. Hutchison, of New York, and William Brodie, of Michigan, as delegates to Canadian medical societies.

The Committee on Nominations offered a resolution instructing the Committee on Publication to advertise for proposals to publish the Transactions of the Association in *six* of the largest cities of the Union, and award the contract to the lowest and most responsible bidder. Adopted.

An honorarium of six hundred dollars ($600) was voted the Permanent Secretary.

Drs. N. S. Davis, J. M. Toner, S. M. Bemiss, W. H. Geddings and H. O. Marcy, were appointed a Committee on Ozone.

The Metric Executive Committee was announced as follows: Dr. T. Parvin, of Indiana, *ex-officio* chairman; Drs. E. Seguin, of New York; E. Wigglesworth, of Massachusetts; J. R. Weist, of Indiana; E. R. Squibb, of New York, and William B. Atkinson, of Pennsylvania.

Dr. H. Knapp, of New York, chairman of the section on Ophthalmology, Otology and Laryngology, then read an address of recent advancements in these branches of medicine. Referred to the Committee on Publication.

The Committee on Prize Essays reported that the prize of one hundred dollars ($100) be awarded to Dr. Allan McLane Hamilton, of New York City, for an essay on certain forms of primary and secondary (local) degeneration of the lateral columns of the spinal cord, with special reference to an infantile rare form.

The usual resolutions of thanks were then offered; the President of the Association, the Governor of the State of Georgia, the Mayor and all the citizens of the city of Atlanta, the various railroad and steamship companies that had extended favors, the local press and the Committee of Arrangements, all shared in the hearty gratitude thus expressed by the American Medical Association. These resolutions were unanimously adopted by a rising vote.

The report of the delegates to the Canada Medical Association was presented by Dr. William Brodie, of Detroit, and ordered to be entered upon the minutes.

The Judicial Council reported that it did not recognize the Arkansas State Medical Association as a State Society. The Arkansas State Medical Society, is the only recognized State Society in that commonwealth. The Allen county, Indiana, matter was postponed to next year. Report accepted.

Dr. W. B. Atkinson, from the Committee on the State Boards of Health, reported that Delaware has established a State Board which is now in process of organiztion. This makes nineteen States that have State boards.

Dr. Parvin pronounced his valedictory in appropriate phrases, and with some flattering remarks introduced the President-elect, Dr. Lewis A. Sayre, of New York, who expressed his thanks in a few appreciative remarks.

On motion, the President declared the Association adjourned, to meet in the city of New York, on the first Tuesday in June, 1880.

THE MISSOURI STATE MEDICAL ASSOCIATION.

The eighteenth annual meeting of the Medical Association of the State of Missouri was held at Columbia, Boone county, on May 20th and 21st, 1879. The citizens of the "Athens of Missouri" extended such hospitalities as would be expected from a most enlightened and generous community.

The sessions were held in the chapel of the State University.

First Day, May 20.—The Association was called to order at 11 o'clock, Dr. E. W. Schauffler, of Kansas City, President, in the chair. Prayer was offered by Rev. Dr. Dodge.

The Committee on Credentials retired to perform the duties devolving upon it.

The President then introduced S. S. Laws, D. D., M. D., LL. D., President of the State University, who, in a few well chosen words, welcomed the Association to the city and to the hospitalities of the University.

The Committee on Credentials made a partial report. The President then announced that the election of officers for the ensuing year was in order.

The appointment of a Nominating Committee was then moved by Dr. Lutz, but finally it was decided that the President should be nominated in open session and elected by ballot.

Dr. G. M. B. Maughs, of St. Louis, was nominated by Dr. J. S. B. Alleyne, of the same city, seconded by Dr. Thompson, of Jefferson City.

Dr. Taylor, in a very neat address, placed Dr. J. M. Allen, of Liberty, Clay county, in nomination; seconded by Dr. Essig. Nominations were then declared closed.

The whole number of ballots cast was 79; necessary to a choice, 40; of these, Dr. Maughs received 50, and was declared elected. On motion, the choice was declared unanimous.

The Nominating Committee, directed to choose names for the offices other than President, was announced as follows: Drs. Lutz, Sloan, Hardaway, Duncan and Evans.

The newly elected President, Dr. G. M. B. Maughs, returned thanks to the Association for the honor he had received at its hands in well spoken words. Dr. J. M. Allen complimented the Association on the wisdom of its choice. Dr. Allen's remarks were in the best of taste and were calculated to add still more to the prevailing good feeling.

A vote of thanks was tendered the retiring President, Dr. E. W. Schauffler, for the able and impartial manner in which he had discharged his many and onerous duties.

Dr. Watson, Mayor of the city of Columbia, delivered an excellent address of welcome, which was received with great applause, after which Dr. Porter read a report on the order of business, and gave the titles of papers already in the hands of the committee.

The report on the progress of medicine was called for, but the chairman, Dr. Alleyne, was not ready.

Recess until 2 o'clock, P. M.

Afternoon Session.—The Committee on Nominations reported the following names for the offices mentioned:

For First Vice-President, Dr. W. W. McAlister, of Columbia.

For Second Vice-President, Dr. Thompson, of Jefferson City.

For Third Vice-President, Dr. Bryant, of Savannah.

For Fourth Vice President, Dr. Gerard, of Shelbina.

For Fifth Vice-President, Dr. C. Lester Hall, of Marshall.

For Recording Secretaries, Drs. Steele and Fischell, of St. Louis.

For Corresponding Secretary, Dr. Evans, of Sedalia.

For Treasurer, Dr. A. M. Sloan, of Kansas City.

For Committee on Publication, Dr. Wm. Porter, of St. Louis, chairman; Drs. Wm. L. Barrett and Wm. Dickinson, of St. Louis, together with the Recording and Corresponding secretaries.

Reports on Surgery were read by Dr. T. F. Prewitt and Edward Borck, of St. Louis, and Dr. J. M. Richmond, of Kansas City.

A paper on Westphal's Tendon Reflex, was read by Dr. Hughes, of St. Louis; also one by Dr. Chas. A. Todd, of St. Louis, on Laryngeal Growths.

Adjourned to evening, when the retiring President, Dr. E. W. Shauffler, read his annual address, a most excellent production.

It was decided that the next annual meeting of the Association should be held in Carthage, Jasper county, on the second Tuesday of May, 1880.

Adjourned to next morning.

Second Day, May 21.—President G. M. B. Maughs, M. D., in the chair.

Dr. Lutz, of St. Louis, exhibited several morbid specimens and discussed the subject of Epithelial Cancer.

Dr. Chas. E. Michel, of St. Louis, read a paper on Purulent Ophthalmia and its Treatment.

Dr. A. J. Steele, of St. Louis, read a paper on Pseudo-Hypertrophy of the Muscles (pseudo-hypertrophic paralysis).

Dr. Bryant, of Independence, discussed the Differential Diagnosis of Bright's Disease of the Kidneys.

Dr. Wm. A. Hardaway, of St. Louis,

gave some Brief Notes on the Treatment of Skin Diseases.

Dr. S. S. Todd, of Kansas City, gave an abstract of what is known about Ancient Egyptian Medicine.

Resolutions were then adopted demanding a higher standard of medical education; asking Congress to admit quinine free of duty; asking for the immediate appointment of a State board of health, although the General Assembly will not meet again for two years; besides the usual resolutions of thanks to the out-going officers, the citizens of Columbia, the railways, etc. In the evening the members were tendered a splendid banquet; toasts were drunk, speeches made, and a generally enjoyable time was had by all.

The time for which the special train was chartered, by the St. Louis delegation, having nearly expired, these gentlemen were naturally anxious to leave for home. This is probably the reason why the session was limited to two days and the papers read were mostly by residents of "The Future Great City of the World."

We hope that the Carthagenians will, next year, insist that time be given for the "country doctors" to make themselves heard.

THE KANSAS STATE MEDICAL SOCIETY.

The thirteenth annual meeting of the Kansas State Medical Association was held at Atchison, May 13th, 14th and 15th. The exercises were opened by addresses of welcome by Mayor Tomlinson, of Atchison, and Hon. B. P. Waggoner. Dr. C. C. Furley, of Wichita, President of the Society, responded in fitting terms to the hospitable expressions of the gentlemen above named, after which he delivered the annual address. Dr. Furley's address was eloquent and received hearty applause at its close.

Dr. Tiffin Sinks was introduced and delivered an address of a popular character, which was well received.

The roll of members was then called, and the names of a large number of candidates for membership proposed, after which the Society adjourned till 9 o'clock, A. M., the next day.

SECOND DAY, May 14.—Society called to order by the President. The Board of Censors presented lists of the names of candidates for acceptance and rejection.

The chair was directed to appoint a committee to choose a State board of examiners, and that the report of the committee on the medical bill of last winter be made the special order for 7 o'clock P. M.

Dr. J. B. Gish, of Valley Falls, read a paper on Recent Advances in Chemistry. Dr. Fryer, U. S. Army, read an elaborate report on Recent Advances in Ophthalmology. He also exhibited a self-retaining attachment to Sims' speculum.

The Board of Censors reported over seventy-five new names for membership. Adopted with but one exception.

Drs. Stormont, Fryer, Schenck, H. P. Woodward, Morris, Baldwin and Shean were appointed to nominate a State board of examiners.

Dr. Carpenter, of Miami county, read a very practical paper on the use of the Plaster-of-Paris Bandage in Fractures. Referred to Committee on Publication.

A resolution was adopted without debate disapproving and condemning the use of all copy-righted pharmaceutical preparations.

Dr. Schenck, of Osage City, gave some very interesting Notes from Practice. Referred for publication.

At the afternoon session reports were received from the Secretary and Treasurer.

Drs. Nealy, Hanawalt, Jones, Tremaine and J. M. Carpenter were appointed the Committee on Nominations.

Dr. C. V. Mottram, of Lawrence, reported a case of dislocation of the hip reduced after four months; also a fatal case of aneurism of the aorta.

Dr. Morris, of Lawrence, read a paper on a case of puerperal mania, successfully treated with chloroform, bromides and chloral. Also a case of puerperal convulsions, successfully treated with about the same therapeutic agents. Referred to Publication Committee.

Dr. Dougherty, of Junction City, read a paper on Parasites. Tape-worm was particularly considered.

Dr. W. S. Tremaine, U. S. Army, described Lister's antiseptic method very lucidly. His paper was referred for publication.

The use of thymol as an antiseptic in surgical dressings, was also described. Dr. Flood, of Sedgwick county, stated that he had used eucalyptus globulus for the same purpose with good effect. Dr. J. M. Carpenter spoke of the antiseptic treatment of burns. Dr. Tremaine's paper was referred to the Committee on Publication. Dr. W. B. Carpenter read a paper on some results achieved in his practice, which was also referred for publication, after which the Society adjourned to 7 : 30 P. M.

Evening Session.—The Nominating Committee reported the names of Drs. D. W. Stormont, of Topeka; W. W. Cochrane, of Atchison; C. C. Furley, of Wichita; R. Morris, of Lawrence; F. S. Nealy, of Leavenworth; C. H. Guibar, of Beloit, and G. W. Halderman, of Paola, for State board of examiners, under the new medical law; with the following as alternates: Drs. W. L. Schenck, of Osage City; H. S. Roberts, of Manhattan; G. R. Baldwin, of Fort Scott; W. F. Osborn, of Burlington; T. Sinks, of Leavenworth; G. Boyd, of Newton, and J. Leigh, of Hiawatha.

A discussion of the medical law followed, in which very decided opposition was developed. The majority, however, were in favor of complying with its provisions, and the report of the committee appointing the State board of examiners was carried by a vote of 60 to 41.

On motion of Dr. Tremaine, a committee was appointed to present resolutions expressive of the Society's condemnation of the law in its present condition.

Dr. Halderman read a paper on Puerperal Convulsions.

The Committee on Nominations made the following report, which was adopted:

For President, C. C. Furley; Vice-Presidents, J. H. Stuart, J. M. Linley; Secretary, F. D. Morse; Assistant Secretary, W. B. Gibson; Treasurer, W. W. Cochrane.

Board of Censors:—J. F. Nealy, M. R. Mitchell, Dr. Jacobs, James Haller, P. Dougherty.

Delegates to American Medical Association:—D. W. Stormont, J. M. Carpenter, H. O. Hannawalt, S. F. Neely, R. Morris, W. S. Tremaine, A. Fuller, W. L. Schenck, A. H. Lanphear, H. S. Roberts, G. W. Halderman, A. C. Van Cuyn, D. C. Jones, B. F. Hepler, James Haller, W. M. Shean.

Delegates to Missouri State Society:—L. S. Brookins, C. V. Mottram, S. E. Sheldon, G. Boyd, F. Speck.

Delegates to Colorado Medical Society:—C. C. Furley, G. W. Seymour, L. A. Buck, J. S. Lawrence, J. Robinson.

Leavenworth was chosen as the next place of meeting, to be held on the second Tuesday in May, 1880, and Dr. J. M. Carpenter was appointed to deliver the next public address.

The usual standing committees were appointed, subjects assigned for essays, and the Society adjourned till 9 o'clock next morning.

Third Day, May 15.—The question of the State medical law again came up. The discussion ended in the appropriation of two hundred dollars for the Board of Examiners, and a resolution that members of the Society should be exempted from paying examination fees to the Board.

Dr. Fryer was appointed to address the next meeting on the History of Medical Delusions and Quackery. He, together with the members of the Society residing in Leavenworth, were appointed a Committee

of Arrangements. Dr. A. P. Tenney, of Atchison, was added to the Committee on Nervous Diseases. Drs. Gross, Switzer and Hendrickson, were appointed a Committee on Necrology. Drs. Hunter and McCully spoke on the subject of yellow fever. Dr. Todd, of Kansas City, Dr. Fryer and Dr. Woodward, of Olathe, read papers, and Dr. Osborne exhibited an instrument of his own invention.

The special committee, of which Dr. Tremaine was chairman, reported a resolution to the effect that the present medical law is wholly inadequate to properly protect the people of Kansas against empiricism, and that further legislation in this direction is needed.

The usual resolutions of thanks, compliments, etc., were adopted, after which the Society adjourned for one year.

Correspondence.

A TYPICAL MEDICAL COLLEGE.

Wm. B. Hazard, M. D., Editor St. Louis Clinical Record:

My Dear Doctor:—It has been a source of much gratification to myself, to see the stand which you have recently taken in regard to the college question. It is true that from time to time, this subject has been casually referred to in other journals, but in such a mild, if not timid manner, that the strictures they did make had no effect on the professional mind. You, however, seem to be in *earnest*, and as I feel very strongly on the subject, and have seen something of the inside workings of one of our largest "graduating mills," I shall venture to offer my mite to the pending controversy.

There are three large medical colleges in New York City, one of them *graduated* more than *two hundred* students in February last, although of its four hundred and odd matriculants, not more than four hundred probably were students who had taken out a full course. Financially this school must be a success, and therefore fulfills all the requirements which the Secretary of the Association of American Medical Colleges, considers essential to a successful college, judging by his remarks as quoted in the Record of April.

Let us analyze the component elements of a typical medical college; for the sake of argument, it is indifferent what its name, where its locality, or who its guiding spirits! I dislike personal or local allusions and therefore shall speak of the institution in question, a specimen of the worser category of American schools, as situated in Podunk, New Jersey.*

The Podunk University Medical Department, contains somewhat over half a dozen "professors" in the "regular" faculty, an equal number of "professors" in the "post graduate" faculty, and a dozen in what is styled the "auxiliary" faculty. Besides this score of stars of the first, second and third magnitudes, there are some thirty "adjuncts" and "assistant" satellites, whose function is usually of a highly important character, differing according to the grade of the assistant, for there are distinctions even *here*. The highest grade is represented by the "clinical assistant," he stands at the door leading from the patient's room to the lecture hall, and grandiloquently beckons the patients in and out, thus early imbuing the embryo students with an idea of what professional dignity is.

The lower grade, composed of the "assistants" to special "chairs," are more restricted in their activity, the height of their ambition is to hand their respective professors a glass of water, a fragment of chalk, or a towel, and to perform other menial duties incident to their position. They are much humbler in their demeanor

* The statements are all based on facts, and doubtless most of the readers of the Record will recognize the picture or its resemblance to something they have seen.

than the clinical assistants, and as graduated physicians cannot always be induced to serve, even under-graduates, if they can pass an examination in the art of toadying, may aspire to the dignity of an "assistantship."

I have been thus prolix in describing these satellites, and given them the first place in my delineation, because I propose to follow the evolution of the college "professor" *ab initio*. The student who can toady most skillfully contains the *germ*, the "chair" and "clinical" assistants represent the tender *embryo*, alas too often not destined to mature, the struggle for existence being terrible; the "clinical" embryo surviving this ordeal may in time aspire to become a lecturer, and the *fœtal movements* now are manifested in lectures on some grand theme, such as the art of "bandaging" or "diseases of the prostate." As time progresses, these manifestations become more vigorous, exciting the attention of those who have thus far nursed the budding miracle, and the stockholders, I beg your pardon, "professors" convene, and if they find the "lecturer" possessed of the necessary amount of cash, and willing to deposit it on the altar of Podunk University, they cut and tie the cord, and so the "auxiliary professor" is born. His further progress is comparatively easy, and it is a matter of dollars and social influence whether he will content himself with a "post-graduate" or aspire to a "regular" professorship. A professor in the Podunk school assured me that a certain "adjunct professor" * was universally considered an "ass," but that they had given him his position notwithstanding, as in return he subscribed for two thousand dollars worth of the college stock. This brings me to the financial principles on which the Podunk college is conducted. Some years ago there was a revolution in the halls of Podunk, those who had for many years been the "ins" were now the "outs," and those who had been the "outs" were now the "ins." The latter resolved to conduct their business operations on a larger scale, a new building must be erected, and a larger sign painted, as well as more hand-bills issued, and for this reason the "ins" resolved that every man should take five thousand dollars worth of stock, payable, with interest, in annual instalments, from the proceeds of the "mill." Those who could not or would not subscribe were speedily made to join the other "outs."

Among the most phenomenal of the stockholding professors, was one who would thunder forth anathemas at disbelievers in Niemeyer one year (this was just after he had posted up on that author), and the next would batter down the structure himself had raised, with as great energy. His students, taken with enthusiasm at his style of lecturing—which would, if employed at a "revival," have worked evanescent wonders—have signed countless death certificates in consequence of following out his radical therapeutical views. His cousins, nephews, *et alicæ*, are embryonic professors in the same institution. This is a specimen of the "crack-lecturer;" there are other varieties, there is the "drawling" species who lectures, say, on chemistry, and winds up a course of sixty lectures on the gases with the announcement that the importance to medical men of being able to analyze urine has induced him to arrange a course which will cost only five or ten dollars, and so on. Then there is the religious professor, who runs a Bible class Sundays, and runs down outlandish authors who use terms "which no man can understand" during the week; there is the "jocose" professor, usually a surgeon or obstetrician who has two note-books, one to read his subject matter from and the other from which to cull his standard jokes, some of which are probably older than Galen, but as they break the monotony of an otherwise tedious lecture, bring down the house year after year. Finally, there is the "jack-of-all-trades," this is usually

* This is a sub-genius of the "auxiliary" group.

an auxiliary professor who is a "professor of skin diseases" one year, the next, a "professor on surgical pathology," still later he looms forth as "professor on surgical anatomy," and finally winds up by becoming adjunct professor of anatomy. What new evolutions he may yet go through it is impossible to foretell, but a new chair will have to be created for him, for the man who has most stock in his possession has ordained that a relative take his place. For the present, and probably to render the transition easy, both reign peaceably side by side, so that besides a professor of anatomy, and the adjunct professor of anatomy, there is an "assistant professor of anatomy, not to mention the demonstrator, assistant demonstrator, and the "assistants" of the several chairs. Verily there are here more captains than privates.

But aside from the ridiculous aspect of the case, there is a very serious one. These men calling themselves professors, appointed by no authority save their own, and moved in their appointments, not by the merits of the appointee, but by his wealth, social position and clique influence, constitute a "ring" of the very worst description. True the apologist of our wretched colleges may say, if it is the wish of these parties to deal forth titles and to appoint each other to positions, they have a perfect right to do so; if they insist on playing their little game, let them, a little mutual admiration can not injure outsiders, in fact their charter gives them full power in these matters. But that is not the question! These petty actors on the stage, mis-called a college, delude men *unfit* to study medicine, into entering a medical school, are themselves *unfit*, mentally and morally, to teach them properly, and send out a host of raw fellows, annually, who are *unfitted* for the practical duties of their profession, and usually, also, unable to make up the dficiency in after life.

I have known a man to graduate in the Podunk University who, ten minutes before he "went up" before the first professor examining, did not recognize the human kidney when it was shown to him! I am willing to make a solemn affirmation that another graduated who, on examination, stated that the thoracic duct went through the foramen magnum, came down through the foramen lacerum posterius and emptied in the right auricle of the heart!! Countless instances recur to me, of men passing, who had never heard of at least some organ in the body, who for years after graduation had the viscera transposed, who did not know whether a blood-corpuscle was visible to the naked eye or not, who did not know the difference between an acid and an alkali, and whose notions on subjects of greater complexity were too hazy to discuss seriously; I have known at least two who believed that a glass eye could be substituted for the natural organ, and vision retained in that eye—*horribile dictu!*

A man, with or without a preliminary education, goes into a doctor's office as a matter of form, works on the farm in summer, attends part of two winter courses of lectures and then "having filled the requirements" (two to three hundred dollars, and a slip-shod examination), receives a license to cure or kill.

He has not, in all that time, been shown even the most important organs of the human body. You will frequently hear a physician of large practice tell you, on the occasion of some autopsy, that he has never seen the spinal cord exposed in his life, or a fresh brain satisfactorily demonstrated before. In most colleges practical training in diagnosis, in the art of making a post-mortem and in surgical and obstetrical operations is not even thought of.

Where such training forms a part of the curriculum, it is usually a pretext for further extortion in the way of fees; there are "courses" on "physical diagnosis," and on "surgical operations on cadavers," in the Podunk University, which are started in suspicious proximity to the examination

period. The manæuvre is successful, and many of the weaker brethren are frightened into taking the courses in question. The final examination is merely a matter of form, of course, except where personal spite may be entertained against a special student. There was one candidate for the degree in the Podunk University who was an infidel in religious matters, and of course an eye-sore to the Bible-class professor. After examining him to the extent of his own knowledge throughout the range of materia medica, the latter fell to asking questions in geography; for example, as to where the island of Socotra was, where Smyrna was situated, and where sarsaparilla occurred in its greatest purity. Probably the candidate would not have received his diploma, if the class had not been very small that year, and if the, to stockholders, ominous clause, had not been inserted in the by-laws, that students failing to pass the required examination would have their graduation fees returned!

The result of such a "system" is, that the students, like their professors, get along with the greatest possible minimum of knowledge, and from this it follows, that year after year the questions on examination day are apt to run in the same old rut. This latter fact has led to the organization of a peculiar industry or trade (if you wish to give it the right name), in connection with the Podunk, and similar medical schools, namely, that of the "quiz-master." On the bulletin-board, the verdant aspirant from the country will find about twenty posters to the effect that Dr. A. will organize his quiz for the Army, Navy and hospitals, that Dr. B. will begin his quiz on all the branches shortly, that Dr. C.'s students all "passed" last year, and Dr. D. refers to the faculty for favorable commendations. About the opening of the session, students, tempted by the inducement to get their "quiz" free of charge, whisper to their comrades, that unless one takes Dr. W.'s quiz, they never will get Professor Quinine's vote, and the result is, a large class.

Unless a medical college fits its graduates thoroughly and properly for the professional emergencies, it perpetrates a fraud with every diploma it issues. There is no reason why, with the enormous fees paid in most of our colleges, every student should not be trained in at least the rudiments of the special branches. Every physician should know how to use the opthalmoscope, sphygmograph, laryngoscope and ear mirror, as well as the speculum and probe, and there is no place where the use of these instruments can be taught so well as a properly conducted university. If the general practitioner were trained in these matters, as he has a right to demand, narrow specialists would soon become extinct, because superfluous!

Perhaps it will be many years before even the best medical colleges will be enabled to require a stringent preliminary examination of candidates for admission, but certainly one change can be made immediately: it is to hold an examination at the end of each year, of every student according to his grade. These examinations should be, at least in part, written, and the papers preserved as matters of accessible record for a definite period.

Your journal and other medical periodicals, issued in the interests of higher medical education, can do a great deal of good by calling special attention to such colleges as are making steps in the right direction. In this connection only one school in New York deserves mention:* the College of Physicians and Surgeons. Its examinations are in writing, and that these are stringent enough, is shown by the fact that, of eighty candidates, thirty and odd were unsuccessful. The influence of the more stringent examination is to decrease the number, but to raise the tone of the stud-

* Impartially, as I am not a graduate of, nor have I ever had any connection with that school, but judge purely from the facts in the case.

ents. Slowly but surely, a college proceeding in this manner is bound to absorb the better portion of those intending to study medicine. After all, here as elsewhere, honesty is the best policy, and the college which raises the standard of its graduates, raises the standard of its faculty, and will flourish when the mushroom institutions sprouting up on every hand shall have ceased to exist.

I refrain from discussing other topics relating to this point, and will close with one suggestion. Colleges, as a rule, are the outgrowth of some one or other medical clique, and in cities where there is a plurality of cliques, there is sure to be a plurality of colleges. Witness New York, Philadelphia, St. Louis, San Francisco, *et cætera* Now it lies in the interest of the profession to reduce, if it cannot abolish a nuisance, and as it is easier to deal with one than with several such, every county society should unite to support the least objectionable college against its rivals and starve its rivals out. The survivor can then have sufficient pressure of the proper kind brought to bear on it, to raise it to the required standard. That the profession can only profit by such a procedure, I need not add. If nothing more were accomplished, there would be fewer "little great men" and we should not be forced to hear the merited slur cast on our profession by the laity, that any man can get a diploma for a few hundred dollars.

E. C. Spitzka, M. D.

P. S.—As illustrative of the "jack-of-all-trades" principle, I may add an instance that occurs to myself at the present moment: In another medical school (which shall be unmentionable, although the name is at the service of any one who may doubt the fact), the chair of surgery became vacant several weeks ago, the professor of *obstetrics* was elected to fill that chair, and the vacancy in the chair of obstetrics was filled by the professor of *materia medica* of another school!

New York, May 27, 1879.

Extracts and Abstracts.

Typhoid Fever from Diseased Meat.—(Boston *Med. and Surg. Journal*, May 22, from Berlin *Klin. Wochenschrift*, 1878, XXXIX, XL), Walder gives a summary of the principle points obtained from his investigations of an epidemic of typhoid fever that occurred at Kloten:

Of about seven hundred pereons who attended a musical festival, nearly five hundred fell sick. The general course of the disease and the anatomical lesions in the fatal cases characterized the epidemic as typhoid fever. No case of this disease had occurred in the neighborhood for fifteen years, excepting one, which existed at the time of the sudden general outbreak, and this was at a distance from the place of the festival. But little water was drunk, and then generally mixed with wine; it came from a remote part of the village, conducted from a height through an iron pipe.

Although the greater part of the meat used was certified to as coming from healthy animals, 43 pounds of veal from a single calf only a few days old were bought from a separate locality. This animal was sick when slaughtered. The lungs and brain were sold to other persons than the one who furnished dinner for the festival, and it was learned that the lungs looked in spots like a spleen, and that three persons for whom the lungs were cooked fell sick with symptoms similar to those presented by the diseased sharers in the festival. The brain was sold to another family. One lobe was of a dark blue color, smelled badly and was not used; the other was cooked and eaten, and similar symptoms occurred, as in the other family.

Several persons who purchased portions of this meat the day before and partook of it, presented the same class of symptoms; hence it is directly suggested that 43 lbs. of veal sufficed to poison almost all the meat eaten at the festival.

Three days later a children's celebration took place at Klotin, in the same place, the same butcher providing the meat, but none of the several hundred children present became sick.

The epidemic broke out within 24 hours, the cases becoming daily more numerous. Nearly forty per cent. of all the cases occurred on the fifth and sixth days, and ninety per cent. of all were sick within eight days.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - JUNE, 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

INDORSEMENTS OF OUR POLICY.

The Convention of American Medical Colleges, from which so much was expected, resulted in very little, only twenty-six of the fifty-nine institutions being represented. The entire work accomplished was the *recommendation* of the two following propositions to the consideration of the American Medical College Association:

"*First*, That all medical colleges should require attendance upon three regular courses of lectures, during three separate years, before admitting students to become candidates for the degree of M. D."

This received twenty affirmative, and four negative votes—two colleges declining to commit themselves through their representatives.

"*Second*, That all medical colleges should require, before admitting students to matriculate, a preliminary examination; such examination to embrace, at least, the elements of the physical sciences, in addition to a fair English education."

This was also adopted, and the whole subject referred to the American Medical Association. These propositions, on being submitted to the Association of Colleges, were deferred one year.

We may infer that twenty, out of our fifty-nine so-called medical schools, indorse, in a half-hearted way, the course of the CLINICAL RECORD. It is also evident that the great majority of the schools will continue in their present nefarious course of graduating every student who has the necessary amount of money to fee the "professors," regardless of qualifications of any other kind.

In our Correspondence department will be found a very interesting "inside view" of an average medical college. Dr. Spitzka has had excellent opportunities for observing these "rings" as they are, and his statements are true to the letter.

The CLINICAL RECORD has evidently touched the right chord, for the responses reaching us from widely separated points are to one effect: "I heartily indorse your course."

The "professors"—self-styled—are almost to a man against us. This we expected. Also the "clinical assistants" and "toadies" generally We are glad to part with them. The *true* professors—men of genius and exalted worth—send us kindly words of encouragement. The "little great men" have nothing to say. Their shams and impostures are so evident, even to themselves, that they hasten to discontinue their subscriptions—hoping that as they see the CLINICAL RECORD no longer that it has ceased to exist, and, ostrich-like, that their imbecilities are no longer exposed to the garish light of day.

As an example of what the rank and file of the profession think of our plan of campaign, we quote the following from a letter from a subscriber in Texas, inclosing his subscription for the volume:

"Yes, let us have literary qualifications as a prerequisite to admittance to the study of medicine; once admitted, let the student of medicine take a graded course of, at least, three years.

We should never advise students to patronize any but such colleges as have adopted the "higher standard of medical education." I, for one, will not advise a student to attend lectures at the school which is my *alma mater* (Mo. Med. College), until it adopts the aforesaid standard."

This earnest physician's name is at the service of his old "professors," in case

they should feel aggrieved at the *practical* manner in which he is going about his duty in reforming the profession. It will be seen that he has adopted *the true policy;* that which governs this journal—*give the low grade schools no aid or comfort of any description.* Starve them into submission to the demands of the profession. Every man has his duty to perform in this direction. Our Texas friend indicates the way in which it should be done.

Dr. A. Reeves Jackson, of Chicago, asks us to correct an impression that might have been derived from perusing our review of Dr. Emmet's recent work in our May number. We do this very cheerfully after re-reading the articles written by Drs. Jackson and Byrd, to which some reference was made. Both contain valuable additions to our knowledge of the diseases of the female urethra. They were written independently of each other, and read at widely separated points at almost the same time. Dr. Byrd's paper was read, in his absence, before the Section on Obstetrics, of the American Medical Association, in Chicago, on June 5, 1877, while Dr. Jackson's was read, in his absence, before the American Gynecological Society, four days before, June 1, at its meeting in Boston. Dr. Jackson described and figured a new urethral speculum, closed at its distal extremity, with a lateral fenestrum, for examining the female urethra and for making applications to the bases of tumors after their removal, or, in case they were sessile, to the tumors themselves; the soft, vascular tumors alone being described. Dr. Byrd described a new form of morbid growth, fibroid in structure, involving the entrance to the meatus; he also wrote of the better-known neoplasms considered by Dr. Jackson and others. Dr. Byrd's urethral speculum, as first made, was improvised from the upper portion of an ordinary test-tube, about one and one-half inches in length, with the distal extremity beveled at an angle, the further extremity, of course, being left open. Both prescribe the use of fuming nitric acid to the base of tumors after their removal to insure against recurrence. Dr. Jackson *was present* when Dr. Byrd's paper was read, but paid no attention to it, and has not read the paper as published in the *Virginia Medical Monthly*, for July, 1878.

We trust that we have given full credit to both gentlemen for their respective contributions to science. We still adhere to the opinion that Dr. Emmet should have given Dr. Byrd credit equal to that given Dr. Jackson and Dr. Skene. There are some points of remarkable similarity between the two papers, but they are sufficiently distinct, and were published so nearly at the same time that credit should be given to both for original investigation. The account given by Dr. Byrd of the before undescribed growth certainly entitles his paper to respectful recognition; the same may be said of his urethral speculum, the open extremity of which will permit the removal of growths located around the inner extremity of the urethra, such as would not be permitted by the use of a speculum with a closed distal extremity.

We trust we have shown that *both* of our talented contributors have well deserved the gratitude of the profession.

The last meeting of the State Medical Association was not very successful. The "snobbish clique" that attempted to control it were, however, defeated, which is something to be thankful for. The same parties managed to take up the time of the meeting for two days with the reading of worthless trash, and then adjourned the session without giving "gentlemen from the rural districts" an opportunity to participate. We hope that Carthage is so far away from St. Louis that this clique of "little great men" may be induced to stay at home next year. We understand that several papers of undoubted value were prevented from seeing the light by the in-

decent effrontery of self-styled specialists from St. Louis in airing their personal advertisements. Let them be remembered at Carthage and quietly throttled before they suffocate the Association with such another mass of balderdash.

One word of censure should have been included in our notice of Dr. Emmet's recent treatise: He carries the idea everywhere throughout the book, especially in the preface, that he, Dr. Emmet, was in reality the founder of the New York Woman's Hospital. Nothing could well be more unfair or in worse taste. Dr. J. Marion Sims should have the entire credit for projecting and sustaining that institution, as well as for founding Dr. Emmet's own reputation as a gynecologist. This in no way detracts from Dr. Emmet's well earned laurels. Withholding honor from whoever earns it is characteristic of no great mind. Dr. Sims was never guilty of any such littleness.

Book Notices and Reviews.

A Series of American Clinical Lecttres. Edited by E. C. Seguin, M. D., Volume III. 8vo. pp. 341. New York: G. P. Putnam's Sons, 182 Fifth ave. 1879. Cloth, $3.

The volume before us closes Dr. Seguin's admirable series. This we have many reasons for regretting, for we know of no better collection of *practical* papers in our recent literature. The *Archives of Medicine* will, in a measure, continue the series, and for this reason we are the better reconciled to the discontinuance of the former publication.

This volume contains twelve lectures, all of them of decided ability. No. I, on Transfusion of Blood, and its Practical Application, is by Dr. Thomas G. Morton, of Philadelphia, and presents the subject in a very concise and readable manner. No. II, on Hydrocele, by Professor D. Hayes Agnew, is of that practical character peculiar to everything coming from the pen of the great surgeon of the University of Pennsylvania. No. III, on the Philosophy of Menstruation, Conception, and Sterility, by Dr. Montrose A. Pallen (formerly of St. Louis, now of New York), contains some physiological assumptions that will not be accepted by the majority of those who have given much attention to the subjects considered. In particular we would mention the author's *dictum*, that "menstruation is a neurosis," and that the simple deposit of the semen on the inner surface of the vulva can never be followed by conception.

The fourth paper, on Points in the Diagnosis of Hepatic Affections, by Dr. E. G. Janeway, of New York, is well written and quite complete. He is of the opinion that hepatic abscess occurs more frequently in private practice than many New York physicians are aware of. The same remark will apply to the physicians of other cities and of the country at large.

The Etiology and Pathology of Chronic Joint Diseases, by Newton M. Shaffer, M. D., then follows. The author strongly opposes the exclusively traumatic causation of these troubles, He says (page 146): "Traumatic joint lesions, as a class, recover (as compared with the chronic) rapidly, while chronic joint disease runs a course of years." In other words: an injury may cause an acute joint disease, for in many instances recovery is rapid and complete; injuries never cause chronic joint disease, for injuries are always of the same degree of severity (*sic*) and are always properly treated (*sic*), hence, there must be some fault of constitution to account for the different results in two given cases, one acute and one chronic. This appears to be his line of reasoning, and we have never met with a better example of the "circular method."

Dr. Byford's lecture on Fibrous Tumors of the Uterus, is good and practical. His ideas in relation to the administration of *large* doses of ergot are somewhat at vari-

ance with those of Dr. Emmet as expressed in his recent work. Dr. Byford certainly teaches that the energetic action of the drug upon the womb, producing strong contractions, is to be obtained. He has found that the unpleasant symptoms (severe and persistent pains and *apparent* inflammation of the uterus and peritoneum) were "invariably controlled by proper treatment, and in no instance proved disastrous."

The lecture on Cervico-Dorsal Paralysis of Peripheral Origin, by Dr. H. M. Lyman, of Chicago, is very interesting. One remarkable circumstance, connected with the case described, was the recovery of the patient following an attack of measles, after the failure of medical treatment to afford relief. A discussion upon the good effects of epidemic diseases is incidentally introduced, and is very interesting if not very valuable.

The ninth lecture, on Operation for Closure of Cleft of the Hard and Soft Palate, by Dr. A. Vanderveer, of Albany, is a very clear and concise exposition of the surgical principles involved, with what appears to be a very neat and effective operative procedure for the cure of the deformity.

On the Treatment of the Various Forms of Acne and of Rosacea, by Dr. R. W. Taylor, of New York, forms the tenth paper of the series. This is very practical and will prove valuable to every practitioner of medicine. The affections described are very common and troublesome. When properly treated, as they may be by any intelligent physician, they are almost invariably amenable to treatment.

Lister's Antiseptic Method of Treating Surgical Injuries is very clearly and minutely described by Dr. J. L. Little, of New York. So much has been recently written on the subject, much of it being vague and unsatisfactory, that it is well to have Dr. Little's clear exposition of the many details at hand for reference. Of course the author is an enthusiastic advocate of Listerism, and writes with a strong bias in favor of it. He thinks that the surgeon who does not give it at least a fair trial is guilty of neglecting his duty.

Dr. Seguin concludes the series with an excellent lecture on the Diagnosis of Progressive Locomotor Ataxy. This is an admirable paper, and should clear up the diagnosis in many obscure cases of rheumatism and neuralgia—so-called. The greatest importance is, properly, attached to the occurrence of the tearing pains and ocular disturbances, while an attempt is made to correct the prevalent notions regarding the value of "staggering" or falling or inability to stand with the eyes closed, as diagnostic points in a given case. No exaggerated importance seems to be given to Westphal's observation of the absence of the tendon-reflex at the knee, as has been done by some writers. Nothing is said about the absence of this sign in some well defined cases.

In concluding this imperfect notice we cannot refrain from expressing our high estimate of the Series as a whole. It will, doubtless, hold an important position in American medical literature for many years to come. Its very *practical* character will insure this permanent place among our best works.

(1) Report on Aconitia in Trigeminal Neuralgia. By Edward C. Seguin, M. D., Clinical Professor of Diseases of the Mind and Nervous System in the College of Physicians and Surgeons, New York. From New York *Medical Journal*, Dec., 1878. From Author.

(2) A Contribution to the Medicinal Treatment of Chronic Trigeminal Neuralgia. By same Author. *Medical Record*, January 4, 1879. From Author.

(3) Clinical Lecture on Syphilitic Brain Lesions. By the same Author. Beprint from New York *Medical Journal*, September, 1878. From Author.

Dr. Seguin's observations are always marked by close attention to details and careful separation of the essential from the trivial. These characteristics are prominent in the short monographs before us.

The first and second are devoted to the investigation of a most intractable affection, and if the same results are obtained by others with the new treatment here described, physicians and patients alike will be under lasting obligations to the author.

The conclusions reached in the first report, confirmed in the second, are as follows:

"1. The susceptibility of individuals to Duquesnel's aconitia varies enormously; one individual in the series having been severely affected by 1-200 grain, while another tolerated with no special symptoms 1-84 grain every three hours. On the average, distinct physiological and therapeutical effects were obtained by giving 1-100 grain three times a day.

2. Out of six cases of severe trigeminal neuralgia, one, probably a reflex neuralgia from a decayed tooth, was not at all benefitted.

Three cases, epileptiform in character, were slightly or only temporarily relieved. Two cases were cured. One of these had existed for seven years, with an interruption of twenty months, procured by resection of the affected nerve.

It would thus appear that, while we cannot indorse Prof. Gubler's statement that Duquesnel's aconitia never fails, we must recognize in it one of the most powerful and best agents for relieving and curing trigeminal neuralgia.

3. We do not as yet know the forms of trigeminal neuralgia which can be most influenced by aconitia."

In the second paper he makes the following general deductions from his cases:

"1. That there is a possibility of relief in most severe cases of epileptiform trigeminal neuralgia. The usually received opinion is that, in such cases, recourse must be had to operation upon deep branches of the nerve, excision of Meckel's ganglion, etc., and to the systematic use of morphia to make life endurable. After my experience with the above cases, I am disposed to urge a sufferer from trigeminal neuralgia to make a trial of medicinal treatment.

2. The advantage of using medicines systematically. Not only should the dose of any one remedy be administered regularly and in progressively increasing doses, but several remedies may be used in succession, so as to profoundly affect the system. Of the medicines applicable for the treatment of neuralgia, the following are those which I can recommend most highly: aconitia, arsenic, iodide of potassium, gelseminum, belladonna, quinia, morphia, galvanism, the actual cautery, Thompson's solution of phosphorus.

3. In the treatment of chronic neuralgia and of many neuroses, it is necessary to obtain the physiological effects of the drug employed, in order to do good. This principle of heroic medication is one which insures success in seemingly desperate cases, and its execution requires the utmost watchfulness on the part of the physician, and intelligence and faithfulness on the part of the patient and his attendants. Many unpleasant consequences of such treatment may be avoided if we at first give very small doses of the remedy, and then make a very progressive increase. The good effects of giving medicines to the production of physiological effects are illustrated in the above cases; in the treatment of chorea by arsenic; of malarial affections by quinia; of spinal congestion and myelitis by belladonna; of syphilitic diseases by mercury and iodide of potassium, etc., etc."

Prof. Gubler's prescription is as follows:

℞ Aconitiæ cryst. - - - gr. 1-6;
Alcohol - - - - - - q. s.;
Aquæ, q. s. - - - - ad. ℥ij.
M.—Dose a teaspoonful = 1-96 grain.

The third paper contains the description of two cases of syphilitic brain-lesions, one of (probable) syphilitic arteritis, the other of cerebral tumor having the same causation. The cases are well delineated, and the diagnostic points are well drawn. He relies upon the ophthalmoscope to a great extent, and thinks that every medical man should make himself more or less familiar with its use.

ESSAYS IN SURGICAL ANATOMY AND SURGERY. An Essay upon the Surgical Anatomy and History of the Common, External, and Internal Carotid Arteries; Awarded the First Prize of the Am. Med. Association, June, 1878. An Essay upon the Surgical Anatomy and History of the Innominate and Subclavian Arteries; Awarded the Second Prize of the Am.

Med. Association, 1878. An Essay upon the Surgical Anatomy of the Tibio-Tarsal Region; Jas. R. Wood Prize, 1876. An Essay upon the Surgical Anatomy of the Obturator Artery, and Notes upon the Surgical Anatomy of the Hip-Joint. By John A. Wyeth, M. D., (University of Louisville), Member of the N. Y. County Medical Society, Etc., Etc. 8vo. pp. 262. New York: Wm. Wood & Co., publishers, 27 Great Jones st. 1879. St. Louis: Book & News Co. Cloth, $2.

Dr. Wyeth's Essays are most important contributions to surgical anatomy, and they should be thoroughly studied by all practitioners who lay any claim to be classed as surgeons. The literature of this branch of the healing art can boast of very few publications that can compare with this little book in fundamental thoroughness, diligence and originality. It is studded with original research and shows a careful, critical sifting of the literary material of the respective subjects that is altogether admirable.

The details of the work are so numerous and important as to preclude our giving a synopsis of its contents.

The prizes awarded to these essays by the American Medical Association, at its meeting in Buffalo, in June, 1878, were indeed well merited by the author. The American profession may well be proud of so deserving a surgical investigator. L. B.

On Diseases of the Abdomen, Comprising those of the Stomach, and other parts of the Alimentary Canal, Œsophagus Cæcum, Intestines and Peritoneum. By S. O. Habershon, M. D., Lond., F. R. C. P., Senior Physician to, and late Lecturer on the Principles and Practice of Medicine at Guy's Hospital, etc. With illustrations. Second American, from the Third Enlarged and Revised English Edition. 8vo. pp. 554. Philadelphia: Henry C. Lea. 1879. St. Louis Book & News Co. Cloth, $3 50.

While the regions above the diaphragm have been explored and studied until the thorough clinical student is reasonably certain of his diagnosis, those below that dividing line are still, to a great degree, obscure and the field of diagnostic uncertainty and error. There have been many laborers in this department of special pathology, and among them no one has done better service than Dr. Habershon. The first editions were exhausted long since, and the author has revised the one now under consideration with great care and thoroughness. The work is essentially clinical in character, and illustrated with carefully prepared reports of cases that add greatly to its value. Diseases of the liver, spleen, kidneys and supra-renal capsules are referred to in a cursory way only; this is the less to be regretted in view of the laborious works of Murchison, Budd and Frerichs on the liver, Roberts on the kidneys, and the elaborate series of monographs on affections of these organs by the able authors of Ziemssen's Cpclopædia, now so easy of access to the profession of this country.

The chapters on constipation and intestinal obstruction are of high value and are worth many times the cost of the book, which, altogether, is a most excellent one.

A Guide to the Qualitative and Quantitative Analysis of the Urine. Designed for Physicians, Chemists and Pharmacists. By Dr. C. Neubauer, Professor, Chief of the Agricultural-Chemical Laboratory, and Docent in the Chemical Laboratory in Wiesbaden, and Dr. J. Vogel, Professor of Medicine in the University at Halle, with a Preface by Professor Dr. R. Fresenius. Translated from the seventh enlarged and revised German edition by Dr. Elbridge G. Cutter and Dr. Edward S. Wood, of Boston. 8vo. 551 pages. Few York: William Wood & Co. 1879. St. Louis: Book & News Co. Cloth, $6; leather, $7.

This is an exhaustive work. We should say works, for the contributions of the two authors are entirely distinct and independent treatises. The first, by Dr. Neubauer, is strictly chemical in character, and is the most complete treatise of the kind we have ever seen. The second, by Dr. Vogel, ap-

proaches the subject of urinary analysis from the physician's point of view, and is as exhaustive in its way as the former.

The sixteen lines in the way of preface, by Prof. R. Fresenius, written twenty-five years ago, are of no value in any way, and certainly have no right to appear on the title-page as a special attraction.

The fact that this work has passed through seven editions in Germany may indicate the value placed upon it in that land of scientific thoroughness. We hope that its American readers will be found as numerous and appreciative. It is certainly the most complete work on urinary analysis accessable to the English-reading student.

The new style of binding introduced by Messrs. Wm. Wood & Co., in presenting this work, deserves a word of commendation. The material used is *cow skin*, and the color chosen a dark red. This makes a very substantial and handsome binding, one not soiled by handling, like the ordinary light-colored sheep skin heretofore used for medical works. We are decidedly in favor of this "new departure."

DEMONSTRATIONS OF ANATOMY; Being a Guide to the Knowledge of the Human Body by Dissection. By George Viner Ellis, Emeritus Professor of Anatomy in University College, London. From the Eighth and Revised English Edition. Illustrated by Two Hundred and Forty-nine Engravings on Wood. 8vo. pp. 716. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Company. Cloth, $4 25; sheep, $5 25.

Ellis' Demonstrations is the favorite text-book of the English student of anatomy. In passing through eight editions it has been so revised and adapted to the needs of the student that it would seem that it had almost reached perfection in this special line. The descriptions are clear and the methods of pursuing anatomical investigations are given with such detail that the book is honestly entitled to its name. With it in hand, the presence of the living demonstrator may almost become dispensable.

The illustrations are good, but most students will prefer those to be found in Gray's anatomy. The method adopted in the last-named work certainly saves time to the busy student. The comparative cheapness of Ellis' Demonstrations will decide many to purchase it instead of "Gray." With either book the student will find himself fully prepared for the laborious study of the fundamental branch of medical science. We give them both our hearty endorsement.

A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS. Designed as a Manual for Practitioners and Students. By Ambrose L. Ranney, A. M., M. D., Adjunct Professor of Anatomy and Lecturer on Minor Surgery in the Medical Department of the University of New York. 8vo. pp. 386. New York: William Wood & Co., 27 Great Jones st., 1879. Cloth, $3.

A very good aid to surgical diagnosis for both advanced surgeons and beginners. As a text-book for surgical lectures, it is quite valuable. The material is well arranged and available.

The possession of a good hand-book on surgery, such, for instance, as those of Bryant, Agnew or Erichsen's, would, however, render Dr. Ranney's treatise dispensable. L. B.

SPERMATORRHŒA; Its Causes, Symptoms, Results and Treatment. By Roberts Bartholow, A. M., M. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the Medical College of Ohio, Etc., Etc., Etc. Fourth Edition, Revised. Small 8vo. pp. 128. New York: Wm. Wood & Co., 27 Great Jones st. 1879. All Rights Reserved. St. Louis: Book & News Co. Cloth $1.

It is only necessary to call attention to the appearance of a *fourth* edition of Dr. Bartholow's very popular work. Its merits and defects are to well known to call for a careful criticism. As a specimen of beautiful book-work it cannot find many superiors in recent medical literature.

BOOKS & PAMPHLETS RECEIVED.

A Guide to Therapeutics and Materia Medica. By Robert Farquharsen, M. D., Edin., F. R. C. P., Lond., Lecturer on Materia Medica at St. Mary's Hospital Medical School, Etc. Second American Edition, Revised by the Author. Enlarged and Adapted to the U. S. Pharmacopœia by Frank Woodbury, M. D., Physician to the German Hospital, Philadelphia. 12mo. pp. 498. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth.

A Clinical Treatise on Diseases of the Liver. By Dr. Fried. Theod. Frerichs, Professor of Clinical Medicine in the University of Berlin, Etc. In three volumes. Vol. III. Translated by Charles Murchison, M. D., F. R. C. P., Physician to the London Fever Hospital, Etc., Etc. 8vo. pp. 246. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Wood's Library of Standard Medical Authors. Cloth, $1 00, to subscribers.

Pott's Disease, its Pathology and Mechanical Treatment, with Remarks on Rotary Lateral Curvature. By Newton M. Shaffer, M. D., Surgeon in charge of the New York Orthopædic Dispensary; Orthopædic Surgeon to St. Luke's Hospital, New York. 12mo. pp. 82. New York: G. P. Putnam's Sons, 182 Fifth avenue. 1879. From the Author.

Handbook of Diagnosis and Treatment of Diseases of the Throat and Nasal Cavities. By Carl Seiler, M. D., Lecturer on Laryngoscopy at the University of Pennsylvania, Etc., Etc., Etc. 12mo. pp. 156, with 35 illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth.

Hearing, and How to Keep it. By Charles H. Burnett, M. D., Consulting Aurist to the Pennsylvania Institution for the Deaf and Dumb; Aurist to the Presbyterian Hospital, Philadelphia. American Health Primers, No. 1. Philadelphia: Lindsay & Blakiston. 1879. Cloth, 50 cents.

Third Annual Report of the State Board of Health of the State of Wisconsin, for the year ending December 31, 1878. Madison, Wis.: David Atwood, State Printer, 1879. From the President.

Lectures on Electricity in its Relations to Medicine and Surgery. By A. D. Rockwell, A. M., M. D., Electro-Therapeutist to the New York State Woman's Hospital, Etc., Etc., Etc. 8vo. pp. 99. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Cloth, $

Transactions of the American Gynecological Society, Volume 3, for the year 1878. 8vo. pp. 472. Boston: Houghton, Osgood & Co. The Riverside Press, Cambridge, 1879.

Miscellaneous Notes.

The Southern Illinois Medical Association.—The regular semi-annual meeting of this flourishing society will be held at Sparta, Randolph county, commencing on Wednesday, June 18th, 1879. From the programme we judge that it will prove an unusually interesting meeting, and we advise every physician to attend who can do so without too great inconvenience.

Excerpta from the Bulletin of the Public Health, issued by the Surgeon-General of the U. S. Marine Hospital Service, for the month of May, 1879:

May 3.—Yellow fever appeared at Port-au-Prince, Hayti, April 30.

May 10.—The plague has entirely disappeared from Astrakhan.

May 17.—Port-au-Prince, Hayti: Yellow fever still prevails in the city, and is considered to be increasing. A fever, known as "La Mauvaise fever," is very prevalent, and many persons have died, but while it is said to be distinct from yellow fever, it is even more feared by the people than the latter.

"The State Department has received information that the yellow fever prevailed at Port-au-Prince fifteen years ago, but that since that period there has been no reappearance of the disease until now. In regard to the sanitary condition of Port-au-Prince, it is remarked by Minister Langston, that 'the streets are constantly foul, and that not even police regulations of any sort are enforced.' There is no regulation to oblige even the filthiest persons to remove deposits from the streets, nor from the gutters or sidewalks in front of their doors, and 'the harbor is also full of foul matter of every sort.' The fact of the existence of

this mass of purtrifying animal and vegetable matter, in one of the hottest climates, taken in connection with the absence of yellow fever from the city for the last fifteen years, furnishes presumptive evidence, at least, that deposits of filth alone, even when saturated with moisture and heated, are incapable of generating yellow fever. The fever which is apparently produced by the filth of the city, while quite fatal, is said to differ materially from yellow fever in all essential particulars."

May 24 —Spain, Malaga: "It is reported that wine adulterated with fuchsine (one of the aniline colors, which usually contains either antimony or arsenic) has been seized at the custom house. The Spanish government authorities have directed that all wine, before being admitted, shall be submitted to an analysis at the custom houses at all ports of entry."

Home News.

THE new Board of Health has the following composition: Henry Overstolz, Mayor of the city and President, *ex-officio;* Chas. W. Francis, Health Commissioner; Mr. Lightner, President of the Council; Leslie Moffet, from the Board of Police Commissioners; Dr. Joseph Spiegelhalter, reappointed, Dr. W. B. Conery, new member. Dr. Conery's appointment was a "move in the right direction." His well-known energy and independence will add greatly to the efficience of the Board.

The Board has made no changes in the superintendents of the hospitals and Asylum. The present incumbents have proved very good officers, and any change would probably not have added to the efficient working of the institutions.

THE low death-rate of St. Louis has been made the theme of many speculations, both in the city and beyond its borders. The taking of the school census by the police will give some valuable data upon which to base future calculations. One remarkable feature has come to the surface in this relation: The police proposed to take the entire census (including adults as well as children), but they were specially directed *not to do so!* Enormous frauds were perpetrated in taking the last National census, in 1870, and no doubt these will be repeated next year. The folly of boasts about the low rate of mortality based upon an estimated population of 500,000, is apparent to any but "those who will not see."

DISINFECTION of the hospital buildings at Quarantine has been very effectually accomplished by burning them. We are glad to see that the Health Commissioner has followed the advice given by this journal. It shows that he is capable of learning. In fact, we have hopes of drilling that official into a first-class sanitarian; all that is necessary is for him to peruse the CLINICAL RECORD carefully and follow its advice. We suggest that the officers' quarters at Quarantine be removed to a safe distance from the landing. If this had been done last summer, Dr. Davis' life and that of the McSorley child might probably have been spared.

THE Board of Commissioners of Charities, composed of five members, who are to serve without salary and have a general supervision over the different charitable and penal institutions of the city, has been appointed. Dr. John B. Johnson is the only medical member. This is a grave error on the part of the Mayor. At least three of the five members should have been physicians. It certainly appears to us as if the objects of this Board would be defeated by the nature of its composition.

THE "Podunk University, Medical Department" may be found without going into the wilds of New Jersey. Some ill-natured people will say that Dr. Spitzka paints from life, and has studied at least one (college) season in St. Louis!

A CHILDREN'S HOSPITAL has been incorporated, but who are to manage it and what are to be its means of support are as yet unknown to the writer.

TO PHYSICIANS.

Messrs Warner & Co. Brooklyn, N. Y., August 10, 1878.

Dear Sirs:—It is with pleasure that I report to you briefly my experience, and also that of eminent Physicians, as to the valuable medicinal qualities of INGLUVIN, and testify to its superiority in all cases over Pepsin.

Drs. F. A. Howe and E. P. Hurp, of Newburyport, Mass., report a case of Chronic Dyspepsia as follows: Our associate in medicine, Dr. E. Cross of this city, was taken violently sick. For a time his life was despaired of; everything was tried but with no good effect. Finally, INGLUVIN was administered in doses varying from five to ten grains; to our surprise, the patient began at once to mend and rapidly convalesced. We cannot speak too highly of INGLUVIN in this case, it is certainly a valuable remedy.

Dr. F. W. Campbell, of Montreal, Canada, says that with INGLUVIN he cured three out of four cases of VOMITING in PREGNANCY.

Dr. C. F. Clark, Brooklyn, N. Y. has used INGLUVIN very extensively in his daily practice for more than a year, and has fully tested it in many cases of VOMITING in PREGNANCY, DYSPEPSIA and SICK STOMACH, and with the best of results.

Dr. Edward P, Abbe, New Bedford, Mass., mentions a case of vomiting caused by too free use of intoxicating liquors; INGLUVIN was administered in the usual way, the effect was wonderful, the patient had immediate relief.

A gentleman living in Toronto, Canada, gives his experience. He says, I was suffering terribly from Indigestion, I could eat nothing, life was almost a burden to me. INGLUVIN was prescribed in five to ten grain doses, the medicine was taken for about two weeks; result, a permanent cure.

In fact were I to note all the remarks of the profession and my experience in relation to this remedy, and report to you the cases in detail, you could fill a volume with expressions as to its great efficacy in the troubles for which it is recommended.

Yours Respectfully,

CHAS. H. BENNETT, 144 Luqueer St., Brooklyn, N. Y.

INGLUVIN

IN CASES OF DIARRHŒA, CHOLERA INFANTUM AND MARASMUS.

From the Cincinnati Lancet and Observer, August, 1877.

The prevalence of Cholera Infantum, Cholera Morbus, and Diarrhœa, to a greater extent at this period, induces me to call the attention of the medical fraternity to the lately introduced remedy called "INGLUVIN." I have been using it in my practice with very happy results for a considerable time, having originally called attention to the use of the simple lining membrane of the Gizzard of the Domestic Fowl. We find indigestion generally at the bottom of bowel complaints, which INGLUVIN has almost instantly corrected for me, alone or in combination. I give it in the following formulas:

INFANT FORMULA.

℞ Ingluvin, ...gr. xii.
Saech. Lac., ...gr. x.
Misce et Ft. cht., No. x.
Sig.—One every 4 hours.

℞ Aqua Calcis, ...f℥ij.
Spts. Lavand. Comp.,
Syr. Rhei, Arom., ...aa f℥j.
Tr. Opii, ...gtt. x.
Misce—Sig.—A teaspoonful every 2 to 4 hours.

FOR ADULTS.

℞ Ingluvin, ...℥j.
Morphia Sulph., ...gr. jss.
Misce et Ft. cht., No. xii.
Sig.—One every 4 to 6 hours.

℞ Aqua Calcis, ...f℥ijss.
Spts. Lavand. Comp.....f℥ss.
Syr. Rhei, Arom., ...f℥vi.
Tr. Opii, ...f℥ss.
Misce—Sig.—Dessertspoonful every 2 to 4 hours, or after each evacuation.

In inflammatory affections, I combine INGLUVIN with subnitrate of bismuth, equal parts, and oleaginous mixture with ol. terebinth instead of aqua calcis. Should the evacuations be suddenly arrested, and tympanitis and colic supervene, follow with a dose of oil or magnesia, or injections. In many cases of sick headache and indigestion I have the most happy result from the combining of INGLUVIN with Pv. Nux Vomica, the one-twentieth to one-tenth grain. I have treated a case of Marasmus successfully with the INGLUVIN—see article contributed in "MEDICAL AND SURGICAL REPORTER." A. F. SHELLY, M. D.

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2—PIL. PHOSPHORI COMP.	Phosphori 1-100 grain. Ext. Nuc. Vom ¼ grain.	1 50
3—PIL. PHOSPHORI CUM NUCE VOMICÂ	Phosphori 1-50 grain. Ext. Nuc. Vom. ½ grain.	1 50
4—PIL. PHOSPHORI CUM FERRO	Phosphori 1-50 grain. Ferri Red. 1 grain.	1 50
5—PIL. PHOSPHORI CUM FERRO ET NUCE VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Ext. Nuc. Vom. ¼ grain.	1 50
6—PIL. PHOSPHORI CUM FERRO ET QUINIÂ	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain.	2 75
7—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
8—PIL. PHOSPHORI CUM QUINIÂ	Phosphori 1-50 grain. Quiniæ Sul. 1 grain.	2 75
9—PIL. PHOSPHORI CUM QUINIÂ CO.	Phosphori 1-50 grain. Ferri Red. 1 grain. Quiniæ Sul. ½ grain. Strychniæ 1-60 grain.	2 00
10—PIL. PHOSPHORI CUM QUINIÂ ET NUC. VOM.	Phosphori 1-50 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
11—PIL. PHOSPHORI CUM QUINIÂ ET DIGITALE CO.	Phosphori 1-50 grain. Quiniæ Sul. ½ grain. Pv. Digitalis ½ grain. Pv. Opii ¼ grain. Pv. Ipecac. ¼ grain.	2 00
12—PIL. PHOSPHORI CUM DIGITALE CO.	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ext. Hyoscy. 1 grain.	1 50
13—PIL. PHOSPHORI CUM DIGITALE ET FERRO	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ferri Red. 1 grain.	1 50
14—PIL. PHOSPHORI CUM CANNABE INDICA	Phosphori 1-50 grain. Ext. Cannab. Ind. ¼ grain	1 75
15—PIL. PHOSPHORI CUM MORPHIA ET ZINCO VALER.	Phosphori 1-50 grain. Morphiæ Sul. 1-12 grain. Zinci Valer. 1 grain.	2 00
16—PIL. PHOSPHORI CUM ALOE ET NUCE VOMICÂ	Phosphori 1-50 grain. Ext. Aloes Aq. ½ grain. Ext. Nuc. Vom. ¼ grain.	1 50
17—PIL. PHOSPHORI CUM ZINCO CO.	Phosphori 1-50 grain. Zinci Sul. 1 grain. Lupulinæ 1 grain.	1 50
18—PIL. PHOSPHORI CUM OPIO ET DIGITALE	Phosphori 1-50 grain. Pv. Digitalis ½ grain. Pv. Ipecac. ¼ grain. Pv. Opii ¼ grain.	1 50
19—PIL. PHOSPHORI CUM STRYCHNIA	Phosphori 1-50 grain. Strychniæ 1-60 grain.	1 50
20—PIL. PHOSPHORI CUM CANTHARIDE CO.	Phosphori 1-50 grain. Pv Nuc. Vom. 1 grain. Sol. Cantharidis Con. 1 ♏.	1 50
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23—PIL PHOSPHORI CUM QUINIÂ ET FERRO ET STRYCHNIA	Phosphori 1-100 grain. Quiniæ Sul. 1 grain. Ferri Redacti 1 grain. Strychnia 1-60 grain.	2 75
24—PIL PHOSPHORI CUM EXT: ACONITI	Phosphori 1-50 grain. Ext. Aconiti 1-16 grain.	1 50

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[Extract from Dr. Howard Cane's Article in the London Lancet.]

From the great frequency of occurence of acne, and from its manifesting itself on the faces of individuals of both sexes, any therapeutic agent which promises success in this often intractable skin disease will be welcomed by most practitioners. I do not bring the sulphide of calcium forward as a new remedy in the treatment of this disease, for it was recommended some years ago by Dr. Sydney Ringer, but I wish to bring it more prominently into notice as a drug which will often prove of signal service in acne when other means have failed. The success which I attained in my first case which was of a most obstinate nature, led me to try it in others.

Case 1.—G. R——, a young lady, aged 19, has been troubled for the last five years with acne of the most severe kind When she first came to me, her face, especially the forehead was thickly covered with acne spots in all stages of development, the inflamed and suppurating papules being very numerous. She stated that she had been to three physicians in London, two of whom are eminent skin physicians. Inquiries into the state of her general health found it was excellent in every respect. Prescribed the sulphide of calcium of which I gave at first one-tenth of a grain four times daily. At the same time I directed her to hold her face over a vessel of hot water night and morning for some ten minutes or more, and then to rub the parts where the little black-topped comedones were very thick with a towel, after which she was to use as a face powder some precipitated sulphur, which I directed to be colored with Armenian bole. At the same time I gave minute and careful directions as to diet, etc., forbidding pastry of all kinds, all salt meats, and enjoined the frequent use of green vegetables, together with regular out-door exercise. At the end of a fortnight I saw her again, and found that there was a slight improvement, there were not many more inflamed papules, and the black-topped comedones were considerably fewer in number. I determined to persevere. I now ordered 1 10 grain to be taken six times daily, and to see me again in a fort night. At the end of that time I again saw her, and, though there was no very great improvement that I could see, still the patient declared she was better. I now increased the dose of the sulphide to one grain daily, and see me again in a fortnight. I now increased the dose to one-fourth of a grain six times daily, with a very excellent result; in another fortnight to half a grain six times daily; and at the end of another fortnight not only but few spots appeared, but they were much less inflamed than usual, and the others were rapidly disappearing, and the complexion was much clearer. To take one grain six times daily for another fourteen days. I then saw her again. From this time the progress was uninterruptedly good. No fresh spots appeared.

Case 2.—J. C——, a young lady 20 years of age, came to me for an eruption on the face which she bad for a year, and which had gradually become worse. I prescribed the same diet and face powder, and gave the same directions as in case 1, but gave to begin with, one-fourth of a grain of the sulphide four times daily, gradually increasing the dose to a grain six times daily. At the end of six weeks she was nearly well, and in another month I saw her again, when she was quite cured. She had taken the sulphide in all two months, gradually diminishing the dose during the fort night. I may here say that this patient also had been taking various drugs for some months previously, but without any appreciable result.

I have before me notes of fourteen other cases treated exactly in the same way, but which I need not detail, as they were merely repetitions of the two given above. The result in eleven out of these fourteen were perfect, whilst in the remaining three, though great benefit was derived, the cure was not complete. I now always begin with a quarter of a grain four times daily, gradually increasing the dose to one grain six times daily, or according to the progress and severity of the case.

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The rapidly increasing demand for our IMPROVED EXTRACT OF MALT during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or moulding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expense of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops,** viz: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER OF HOPS, PHOSPHATES OF LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT,				*With Hops (Plain)*	$1 00
"	"	"	"	*Pyrophosphate of Iron (Ferrated)*	1 00
"	"	"	"	*Cod Liver Oil*	1 00
"	"	"	"	*Cod Liver Oil and Iodide of Iron*	1 00
"	"	"	"	*Cod Liver Oil and Phosphorus*	1 00
"	"	"	"	*Hypophosphites*	1 50
"	"	"	"	*Iodides*	1 50
"	"	"	"	*Alteratives*	1 50
"	"	"	"	*Citrate of Iron and Quinia*	1 50
"	"	"	"	*Pepsin*	1 50

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BROMIDIA is a scientific combination of Brom. Potas., Hyd.-Chloral, Hyoscyam, Cannabis-Indica and Aromatics. FORMULA.—Every *fluid drachm* contains 15 grs. *each* of *pure* Brom. Potas. and *purified* Hyd.-Chloral, and 1/8 gr. *each* of *gen. imp. ext.* Hyoscyam. and Can. Ind. This preparation is *the* Hypnotic *par excellance.*

It produces dreamless, refreshing sleep, and is exceedingly valuable in all forms of Sleeplessness, Nervousness, Neuralgia, etc., and will generally relieve when Opiates aggravate or fail. It acts well in Epilepsy, Sick-headache, Convulsions and all forms of Colic. In the Restlessness, Delirium and Sleeplessness of continued fevers, *it is absolutely invaluable.* It gives satisfaction to both the Physician and his patient. Average dose, for adult, *one-half* to *one* fluid *drachm* in WATER or SYRUP every hour until sleep is produced.

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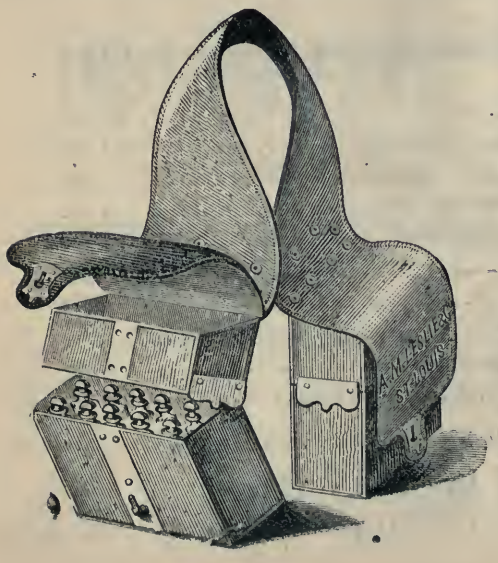

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See article by Dr. McClanahan in the April number of *New Preparations*.

We offer this new remedy in the form of a fluid extract from the fresh bark of the root.

Folia Carobæ.

JACARANDA PROCERA (SPRENGEL). This new drug. from Brazil, is now attracting the attention of the profession in Germany as a valuable and effective anti-syphilitic. It is said to possess alterative, diuretic, sudorific and tonic properties, to a marked degree, especially in the latter particular. Hence its application to the treatment of syphilis, in all its forms.

The Carobæ may be continued advantageously with Iodide Potassium in cases distinguished by pains in the limbs. It is indicated in the cure of old syphilitic ulcers, to which it may be applied topically.

Cascara Sagrada.

RHAMNUS PURSHIANA. This is the bark of a tree indigenous to northern California and Oregon, known botanically as the Rhamnus Purshiana. It has long been used on the Pacific coast among the Indians and old Spanish residents, as a remedy for habitual constipation, and other disorders of the alimentary canal. Many physicians write to us that they must have the Cascara *at any price*, as it has proved invaluable in their practice.

We cannot too strongly caution physicians and druggists to specify "P., D. & CO.'S," if they desire a preparation of the *true* drug, Rhamnus Purshiana.

Coto Bark.

The tree from which this bark is derived is a native of Brazil and Bolivia, though as yet we *cannot locate it botanically* Coto Bark was first tested clinically by Prof. Gietl, of Munich (Germany), who considered it a specific for diarrhœa in it various forms. Dr. Riecker, of Stuttgart, concurred in this. Prof. Baetz, of Tokio, Japan, in the *Centralblatt*, recommends it for malignant cholera. In Bolivia it is used for diarrhœa, colic, and neuralgic toothache, and externally in rheumatism and gout. It has been also employed in the sweating of phthisis, and typhus, catarrhal diarrhœa, gastric catarrh, pneumonia, uterine colic, acute articular rheumatism, cholera, cholera morbus, dysentery, night sweats, etc.

Five Flowered Gentien.

GENTIANA QUINQUE-FLORA. Among the many substitutes for quinine this plant is one of the most valuable. In many cases where quinine and other anti-periodics have proved futile, this remedy has been found very efficacious. In combination with hydrastis, it has been found an excellent tonic in depraved conditions of the digestive apparatus, increasing the biliary secretions and acting as a stimulant to the excretory organs In fevers in combination with gelsemium, and in derangement of the biliary organs in conjunction with leptandrin and podophyllin, it seems to increase the action of those agents.

Grindelia Robusta.

This remedy has been successfully employed in asthma, bronchial difficulties. iritis, vaginitis, and other diseases of the mucous surfaces. In combination with Yerba Santa it has also been found specially efficacious in bronchial affections. It is well known that many of the varieties of this family bear so close a resemblance to each other that it is difficult to distinguish between them, and the Squarrosa and other varieties are hence often unwittingly substituted for the Robusta. Our own supply is gathered for us under the direction of a competent botanist, and is known to be genuine.

Berberis Aquifolium.

The profession have long sought in vain for a remedy combining tonic as well as alterative properties. This preparation combines both in a marked degree, and has been proven by repeated trials to be a sure remedy in syphilis, salt rheum, tubercular affections, psoriasis, and all complaints occasioned by a vitiated state of the blood. Physicians should not condemn the remedy until our extract has been tried, as many spurious varieties—notably the Oregon grape plant—are being extensively sold for the true Berberis Aquifolium.

DESCRIPTIVE CIRCULARS.—We shall be happy to furnish, upon application, descriptive circulars giving the botanical history and therapeutical application of New Remedies recently introduced by us. We will also send, if desired, our price list, giving names and prices of nearly two thousand articles manufactured by us. ☞ *Send stamp for Price List and Circulars described above.*

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